

F 15000 003556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

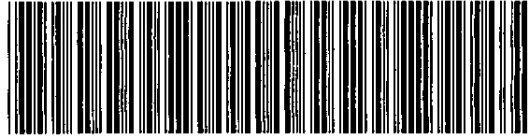
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800275966778

08/12/15--01010--006 **70.00

FILED
15 AUG 12 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TrueClaim, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kasey Sousa

Name of Person

TrueClaim, Inc.

Firm/Company

201 S Mill Ridge Trl

Address

Ponte Vedra Beach, FL 32082

City/State and Zip code

kasey.sousa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasey Sousa

904 • 735-7508
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TrueClaim, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 47-1504450

(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-1-2014 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)
6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9838 Old Baymeadows Rd #280, Jacksonville, FL 32256

(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Kasey Sousa

Office Address: 201 S Mill Ridge Trl


Ponte Vedra Beach, Florida 32082

(City) (Zip code)

FILED
15 AUG 12 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kasey Sousa

Address: 201 S Mill Ridge Trl

Ponte Vedra Beach, FL 32082

Director: Christopher Garson

Address: 1605 Summerdown Way

Saint Johns, FL 32259

B. OFFICERS

President: Kasey Sousa

Address: 201 S Mill Ridge Trl

Ponte Vedra Beach, FL 32082

Vice President: Christopher Garson

Address: 1605 Summerdown Way

Saint Johns, FL 32259

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kasey Sousa

(Typed or printed name and capacity of person signing application)

FILED
15 AUG 12 PM 10:28
PROPERTY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

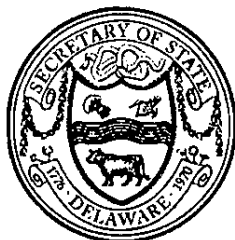
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUECLAIM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST, A.D. 2015.

FILED
15 AUG 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5579844 8300

151130163

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2616206

DATE: 08-04-15