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AUG 1 9 2015

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## MITCHELL WILLIAMS

Velia C. Sanchez Direct Dial: 512-480-5115 Fax: 512-322-0301 E-mail: vsanchez@mwlaw.com 500 West 5th Street, Suite 1150 Austin, TX 78701-3835 Telephone: 512-480-5100 Fax: 512-322-0301

August 17, 2015

#### VIA FEDERAL EXPRESS

SECRETARY OF STATE OFFICE - FLORIDA REGISTRATION SECTION DIVISION OF CORPORATIONS CLIFTON BUILDING 2661 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FL 32301

RE: MAXUM SPECIALTY SERVICES CORPORATION

#### DEAR LADIES AND GENTLEMEN:

I am filing an Application By Foreign Corporation For Authorization to Transact Business In Florida re Maxum Specialty Services Corporation, a Georgia for profit corporation (MSSC). Enclosed please find (i) an original and one copy of the application, (ii) our firm's check in the amount of Seventy Dollars (\$70.00), (iii) a Certificate of Existence stating MSSC is in existence issued by the Georgia Secretary of State dated August 12, 2015, please note that the Georgia Secretary of State does not use color in its certificates, and (iv) prepaid Federal Express Envelope.

If everything meets with your approval, please qualify MSSC to do transact business in the State of Florida and return the proof of filing to me in the enclosed self address, prepaid Federal Express envelope. Please do not hesitate to contact me if you need further information.

Sincerely,

MITCHELL, WILLIAMS, SELIG, GATES & WOODYARD, P.L.L.C.

By

Velia C. Sanchez Paralegal

Enclosures (as stated)

cc: Mr. David M. Green (via email w/o enclosure)

Ms. Julie Pomerantz (via email w/o enclosure)

#### **COVER LETTER**

-	tration Section of Cor				
	•	pecialty Services Corporation			
SUBJECT: Name of corporation - must include suffix					
Dear Sir or M	adam:	,		•	
"Certificate of	f Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact bu	Standing" a	ınd check are sul	
Please return a Velia C. Sanch	_	ondence concerning this mal	atter to the	following:	
		Nam	e of Person		
c/o Mitchell W	'illiams				
		Firm/	Company	<del></del>	***
500 W. 5th Str	eet, Suite 1	150			
		A	Address		
Austin, TX 78	701-3835				
_		City/Sta	ate and Zip	code	_
dgreen@mxms	ig.com				
		E-mail address: (to be u	sed for futu	re annual report	notification)
For further inf	formation	concerning this matter, ple	ase call:		
Velia C. Sanch	ez	512 at (	480	-5115	
Name	e of Persor		Code	Daytime Telep	hone Number
OTP.F	YEE (601)	DECO ADDRESS		MAN INC.	nnuco.
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section			
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 32301			r arranassee, r	L 32314	
Enclosed is a	check for t	he following amount:			
■ \$70.00 Fili	ing Fee	□ \$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied 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.

Maxum Special	ty Services Corporation				
		Э,"	"COMPANY," "CORPORATION	ON,"	
Georgia  (State or country 08/04/2015  (Date Upon approval to 3655 North Point 18/05/2015)	of incorporation) by the Florida Secretary of State  (Date first transacted business (SEE SECTIONS 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501 & 607.1501	3 5 150 000	(FEI number, if Perpetual  (Date of duration, if oth Florida, if prior to registration) 02, F.S., to determine penalty lial 5-2027 al office address)	applicable) er than perpetual)	orida)
·	(Current mai	ling	g address, if different)		<del></del>
Name:	Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)	°,0	Box NOT acceptable)  , Florida 32301 (Zip code)	2015 AUG 18 P 4: OU SECRETARY OF STATE WALLAHASSEE, FLORIDA	
	(Enter name of c "Inc.," "Co.," "C  (If name unavaila Georgia  (State or countr 08/04/2015  (Date Upon approval t  3655 North Point  Name and street Name: fice Address:	(If name unavailable in Florida, enter alternate corporate name Georgia  (State or country under the law of which it is incorporated) 08/04/2015  (Date of incorporation) Upon approval by the Florida Secretary of State  (Date first transacted business (SEE SECTIONS 607.1501 & 607.3655 North Point Parkway, Suite 500, Alpharetta, Georgia 30.4655 North Point Parkway, Suite 500 Alpharetta, Georgi	(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name a Georgia  (State or country under the law of which it is incorporated) 08/04/2015  (Date of incorporation) Upon approval by the Florida Secretary of State  (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 3655 North Point Parkway, Suite 500, Alpharetta, Georgia 3000  (Principa 3655 North Point Parkway, Suite 500 Alpharetta, Georgia 3000  (Current mailing Name and street address of Florida registered agent: (P.O Name:  155 Office Plaza Dr., Suite A  Tallahassee  (City)	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION"." "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact Georgia  3.  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if oth Upon approval by the Florida Secretary of State  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liable of Secretary of State)  (Principal office address)  3.  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  7. Florida  (Zip code)	(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 Floridacy and the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Parpetual  (Date of duration, if other than perpetual)  (Principal office address)  3655 North Point Parkway, Suite 500, Alpharetta, Georgia 30005-2027  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agent Solutions, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  (City)  (City)  Tallahassee  (City)  (City)  Tallahassee  (City)

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.

See Attached Registered agent's signature page	
(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.

## 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.

	•	spired for the butbose of man	sacting business in Florida)	
(State or countr	y under the law of which it is incorporated)	(FEI number,	if applicable)	
		•		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration	) liability\	
	(322 326 110 43 007.1301 & 007.1302	, r.s., to determine penany i	павшту	
·	(Principal	office address)		
	(-12-4)	,		
<u> </u>	(Current mailing a	address, if different)		
	•		, <del>, , , , , , , , , , , , , , , , , , </del>	
lame and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		
Name:	Registered Agent Solutions, Inc.		AHA AUG	
	155 Office Plaza Drive, Suite A	Developed:	AUG 18 AHASSEF	
ce Address:	Tallahassee			
		, Florida(Zip code)	P 4: 04  OF STATE  OF LORID	
	(City)	(Zip code)	RIDE OL	

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.

(Registered agent's signature)

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

A. DIRE				
Chairman:	SEE ATTACHMENT - DIRECTORS			
Address: _				
_				
Vice Chairr	man:			
Address: _				
_				
Director: _				
-				
Director: _				
		12:		•
_		SECR	2015	
B. OFFIC	CERS	RETAR)	AUG	
President:	SEE ATTACHMENT- OFFICERS	7 OF	∞ <del>10</del>	
Address: _		STAT	_ <del>t:</del> _	
_		P Z	0 u	
Vice Presid	ent:			•
_				
Secretary: _				
Address:				
Treasurer:				
Address:				
NOTE: 18	necessary, you may attach an addendum to the application listing additional off	icers and	or dire	ectors.
The officer are true an	Green, Sr. VP & Gen. Counse ignature of Director or Officer or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the Director of the provided for in s.817.155, F.S.			

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

## MAXUM SPECIALTY SERVICES CORPORATION (a Georgia for profit corporation)

#### Qualify to Transact Business in the State of Florida

#### **OFFICERS**

Fred Marshall Turner II

President

3655 North Point Parkway, Suite 500 Alpharetta, GAJ

30005-2027

Karl Waite

Sr. VP and Chief Financial Officer

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

Richard Sforzo

Sr. VP and Chief Claims Officer

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

Charles Clemens, Jr.

Sr. VP and Chief Information Officer

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

David Green

Sr. VP and General Counsel

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

Tracy Wade

Sr. VP and Chief Marketing Officer

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

Matthew Burnett

Vice President and Controller

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

Gary Micetich

Sr. VP

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

Darwin Lucas

Sr. VP

3655 North Point Parkway, Suite 500 Alpharetta, GA

30005-2027

David Phillips

Vice President

3655 North Point Parkway, Suite 500 Alpharetta, GA

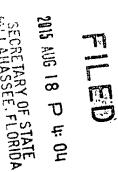
30005-2027

## MAXUM SPECIALTY SERVICES CORPORATION (a Georgia for profit corporation)

#### Qualify to Transact Business in the State of Florida

#### **DIRECTORS**

Edward Hersey Hamm	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
Edward Hersey Hamm Jr.	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
Kenneth John LeStrange	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
William Carl Peterson	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
Jerome Bernard Simon	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
Brian Keith Smith	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
Fred Marshall Turner II	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027
James Pius Wicker	3655 North Point Parkway, Suite 500 Alpharetta, GA 30005-2027



Control Number: 15075067

#### STATE OF GEORGIA

#### **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### MAXUM SPECIALTY SERVICES CORPORATION

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

Form Number

:12127771 : 08/04/2015 : Georgia : 8/12/2015



Brian P. Kemp Secretary of State