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TALLAHASSEE, FLORIDA
16 AUG 31 PM 5:21

OCT 03 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

CRAIG KNEPP
PO BOX 5588
BUFFALO GROVE, IL 60089

SUBJECT: C.S. CLAIMS GROUP, INC.
Ref. Number: W16000060838

2017 OCT -3 PM 4:36
TALLAHASSEE, FLORIDA

We have received your document for C.S. CLAIMS GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00018710

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.S. Claims Group, 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:

Craig Knepp
Name of Person
C.S. Claims Group, Inc.
Firm/Company
P.O. Box 5588
Address
Buffalo Grove, IL 60089
City/State and Zip code
cknepp@csclaims.com
E-mail address: (to be used for future annual report notification)

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16 AUG 31 PM 5:21

For further information concerning this matter, please call:

Craig Knepp at (847) 414-6574
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. C.S. Claims Group, 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. Illinois 3. 36-3756269
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 4, 1991 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. 112 Weidner Rd. ~~P.O. Box 5588~~, Buffalo Grove, IL 60089
(Principal office address)

P.O. Box 5588, Buffalo Grove, IL 60089
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

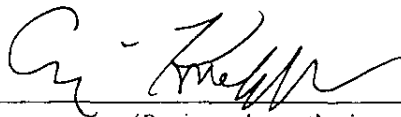
Name: Craig Knepp, Inc.

Office Address: 674 S. Tamiami Tr. #C-8

Osprey, Florida 34229
(City) (Zip code)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Craig Knepp

Address: 112 Weidner Rd.

Buffalo Grove, IL 60089

Vice President: Craig Knepp

Address: 112 Weidner Rd.

Buffalo Grove, IL 60089

Secretary: Craig Knepp

Address: 112 Weidner Rd. Buffalo Grove, IL 60089

Treasurer: Craig Knepp

Address: 112 Weidner Rd, Buffalo Grove, IL 60089

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. Craig Knepp President

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

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File Number

5630-157-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

C.S. CLAIMS GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 04, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of AUGUST A.D. 2016 .***

Jesse White

SECRETARY OF STATE