# F14000004729

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Special Instructions to F	Filing Officer:	
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Office Use Only



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16 OCT 21 RM 8: 20

J. HARRIE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 340877 4804653

AUTHORIZATION: Conclude to a

COST LIMIT : \$ 7.6 \ \ 0.0

ORDER DATE: October 20, 2016

ORDER TIME : 8:58 AM

ORDER NO. : 340877-005

CUSTOMER NO: 4804653

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#### FOREIGN FILINGS

NAME: PRO GENERAL CLAIMS ADMINISTRATORS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### **COVER LETTER**

_	stration Secsion of Cor					
SUBJECT:	Pro Gene	- eral Claims Admini	strators, Inc.			
		Name	of corporati	on -	must include suffix	
Dear Sir or N	ladam:					
"Certificate of	of Existenc		of Good S	tand	authorization to Transacting" and check are subns in Florida.	
Please return	all corresp	ondence concern	ing this mat	tter t	to the following:	
Daniel K. Gas	ston				•	
· · · · · · · · · · · · · · · · · · ·			Name	of P	erson	
Larson & Gas	ton, LLP					
		<del></del>	Firm/C	omp	pany	
200 S. Los Ro	bles Avenu	e, Suite 530				
		<del>-</del>	Ad	dres	SS	
Pasadena, CA	91101					
			City/State	e an	d Zip code	
daniel.gaston	@larsongast	on.com				
		E-mail addres	s: (to be use	d fo	or future annual report ne	otification)
For further is	nformation	concerning this n	natter, pleas	se ca	ıll:	
Daniel K. Ga	ston, Esq.		626 at (		795-6001	
Nan	ne of Perso	n	Area C	ode	Daytime Teleph	one Number
Regi Divi Clift 2661	stration Se sion of Cor on Buildin	rporations g c Center Circle	<b>3S:</b>		MAILING AD Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclosed is	check for	the following am	ount:			
<b>\$</b> 70.00 F	iling Fee	□ \$78.75 Filir Certificate	_	0	\$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	ims Administrators, Inc.			
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in F	lorida)	
California 2.		3.		
(State or countr	y under the law of which it is incorporated	(FEI number, if applicable)		
12/18/2015 4.		5.		
(Date	e of incorporation)	5. (Date of duration, if other than perpetual)	1	
6				
		ss in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability)		
2626 Foothill Bl	vd., Suite 290, La Crescenta, CA 91214			
· · · · · · · · · · · · · · · · · · ·	(Pr	incipal office address)		
	(Current n	nailing address, if different)	00T	. :
8. Name and stre	eet address of Florida registered agent:	(P.O. Box NOT acceptable)	12	.;
Name:	Corporation Service Company		1	
Office Address:	1201 Hays Street		တဲ့	
Office Address.	Tallahassee	32301 , Florida	20	
	(City)	, Florida (Zip code)		
0. Wasistanda	414			
	gent's acceptance: med as registered agent and to accept	service of process for the above stated corporatio	n at the p	olace
designated in thi	is application, I hereby accept the app	o <mark>intment as registered agent and agree to act i</mark> n t	his capac	city. I
	comply with the provisions of all statu familiar with and accept the obligation	ites relative to the proper and complete performa ons of my position as registered agent.	nce vj <b>m</b>	y
ı	Corporation Service Company	1 South our	Willian	U.G
	Corporation Service Company  By:  Sast Vice P		Presid	ent
-		ered 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 John P. Crispi Chairman: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 Address: John M. Mejia Vice Chairman: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 Erin Ruiz Director: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 Daniel Ruiz Director: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 Address: **B. OFFICERS** John H. Mejia President: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 Address: Vice President: John P. Crispi Secretary: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 Address: \_ John P. Crispi Treasurer: 2626 Foothill Blvd., Suite 290, La Crescenta, CA 91214 NOTE: If necessary, you may attath an addendum to the application listing additional officers and/or directors. 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. John H. Mejia, President

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

PRO GENERAL CLAIMS ADMINISTRATORS, INC.

FILE NUMBER:

C3852733

FORMATION DATE:

12/18/2015

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 19, 2016.

> **ALEX PADILLA** Secretary of State