

F180000001180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

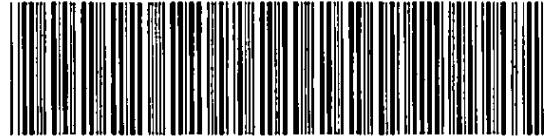
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert
w17-77317

Office Use Only



400303806004

03/26/17--01003--002 **87.50

FILED

18 MAR -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

○ SIMMONS
MAR 12 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

BILL OSBURN
8710 W HILLSBOROUGH AVE
STE 208
TAMPA, FL 33615

SUBJECT: OSBURNCLAIMS, INC.
Ref. Number: W17000077317

We have received your document for OSBURNCLAIMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00019639

RECEIVED
2018 MAR -9 AM 10:17
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSBURNCLAIMS, 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:

BILL OSBURN

Name of Person

OSBURNCLAIMS, INC.

Firm/Company

8710 W. HILLSBOROUGH AVE. SUITE 208

Address

TAMPA, FL 33615

City/State and Zip code

THEOZ57@AOL.COM

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

For further information concerning this matter, please call:

BILL OSBURN

727 512-7727
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. OSBURNCLAIMS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- BILLOSURNCLAIMS, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. WYOMING 3. 45-5399132
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 12, 2012 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)
6. I WAS INCORPORATED IN FLORIDA ON JUNE 22, 2012 BUT LET IT BECOME INACTIVE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6905 GRANDE VISTA WAY S S. PASADENA, FL 33707
(Principal office address)
- 8710 W. HILLSBOROUGH AVE. SUITE 208 TAMPA, FL 33615
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: BILL OSBURN
- Office Address: 6905 GRANDE VISTA WAY S
S. PASADENA, Florida 33707
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BILL OSBURN

Address: 6905 GRANDE VISTA WAY S

S. PASADENA, FL 33707

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Bill Osburn

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. BILL OSBURN, PRESIDENT

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

FILED
MAR - 9 PM 12:37
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

OSBURNCLAIMS, INC

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **March 13, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000618713**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of March, 2018 at 1:16 PM. This certificate is assigned 025770223.




Secretary of State