

F190000004009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

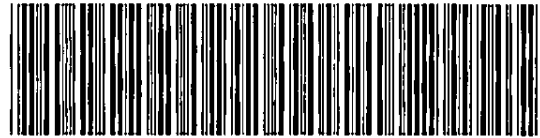
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/13/19--01028--011 **87.50

FILED
2019 AUG 29 AM 8:03
JUL 16 2019

B KINSEY
AUG 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2019

BETH MARTINEZ
7881 W CHARLESTON BLVD., STE 210
LAS VEGAS, NV 89117

SUBJECT: S&C CLAIMS SERVICES, INC.
Ref. Number: W19000077136

We have received your document for S&C CLAIMS SERVICES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Bronke N Kinsey
Regulatory Specialist II

Letter Number: 819A00017158

S & C CLAIMS

AUG 26 2019

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COVER LETTER

TO: Registration Section
Division of Corporations
S & C Claims Services, Inc.

SUBJECT: _____
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:
Beth Martinez

Name of Person
S & C Claims Services, Inc.

Firm/Company
7881 W. Charleston Blvd. Suite 210

Address
Las Vegas, NV 89117

City/State and Zip code
bmartinez@scclaimsfl.com

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

For further information concerning this matter, please call:

Beth Martinez 702 425-9361

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

S & C CLAIMS

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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.*

S & C Claims Services, Inc.

1. _____
(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)
Nevada 88-0426084

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
05/05/1999

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
875 Concourse Parkway S, Suite 160, Maitland, FL 32751

7. _____
(Principal office address)

(Current mailing address, if different)

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

Alison LePore

Name: _____

875 Concourse Parkway S., Suite 160

Office Address: _____

Maitland

32751

(City)

, Florida (Zip code)

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CLERK OF COURT
JULIA A. GILBERT, CLERK
TALLAHASSEE, FL

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.

S & C CLAIMS

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

A. DIRECTORS

Chairman: Andrew O'Brien
150 Lake Street West
Address: Wayzata, MN 55391

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: David Oakden
7881 W. Charleston Blvd., Suite 210
Address: Las Vegas, NV 89117

Vice President: Steven Novak
150 Lake Street West
Address: Wayzata, MN 55391

Secretary: Jill Johnson
150 Lake Street West, Wayzata, MN 55391
Address: _____

Treasurer: Julie Baron
150 Lake Street West, Wayzata MN 55391
Address: _____

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

12. David Oakden
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. David Oakden - President
(Typed or printed name and capacity of person signing application)

S & C CLAIMS

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

S & C CLAIMS SERVICES, INC.

Organizational Documents on File	Filing Date
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I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, S & C CLAIMS SERVICES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/05/1999, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/08/2019

Barbara K. Cegavske

Certificate Number: B20190808145614

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State