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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

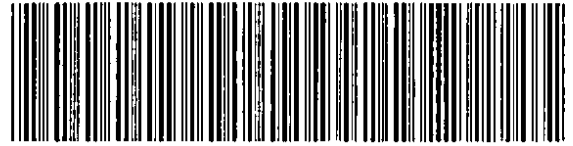
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/23--01013--015 **70.00

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SpencerFane

HANNA HERNDON
PARALEGAL
DIRECT DIAL: (816) 292-8831
hherndon@spencerfane.com

File No. 5021797.1

June 16, 2023

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: ClaimSolution, Inc.

Dear Clerk:

Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida for the above-referenced entity for filing. I have also enclosed the cover letter for same. As requested in the cover letter, I have enclosed a firm check in the amount of \$70.00 for filing fees.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Hanna Herndon
Paralegal

HH
Enclosures

WA 1169260.1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ClaimSolution, 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:

Hanna Herndon

Name of Person

Spencer Fane LLP

Firm/Company

1000 Walnut Street, Suite 1400

Address

Kansas City, MO 64106

City/State and Zip code

athennianke@spencerfane.com

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

For further information concerning this matter, please call:

Hanna Herndon, Spencer Fane LLP

at (816) 292-8831

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. ClaimSolution, 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. Missouri 3. 43-1712775
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5.12.1995 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. 10955 Lowell Ave, Ste 1007, OVERLAND PARK, KS, 66210
(Principal office street address)
- _____
(Current mailing address, if different)

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

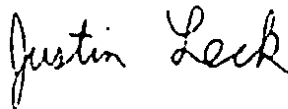
Name: Spenserv, Inc.

Office Address: 201 North Franklin Street, Suite 2150

Tampa, Florida 33602
(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)

Spenserv, Inc. by Justin Leek, Vice President

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. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Christine Snow
☐ Vice Chairman Address: _____
☒ Director 10955 Lowell Ave, Ste 1007
☒ President OVERLAND PARK, KS, 66210
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Madison Snow
☐ Vice Chairman Address: _____
☒ Director 10955 Lowell Ave, Ste 1007
☐ President OVERLAND PARK, KS, 66210
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Katie Herzog
☐ Vice Chairman Address: _____
☒ Director 10955 Lowell Ave, Ste 1007
☐ President OVERLAND PARK, KS, 66210
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Mark Snow
☐ Vice Chairman Address: _____
☒ Director 10955 Lowell Ave, Ste 1007
☐ President OVERLAND PARK, KS, 66210
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Allison Gish
☐ Vice Chairman Address: _____
☐ Director 10955 Lowell Ave, Ste 1007
☐ President OVERLAND PARK, KS, 66210
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Lillian Snow
☐ Vice Chairman Address: _____
☒ Director 10955 Lowell Ave, Ste 1007
☐ President OVERLAND PARK, KS, 66210
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Mark D Snow

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. Mark Snow

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

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

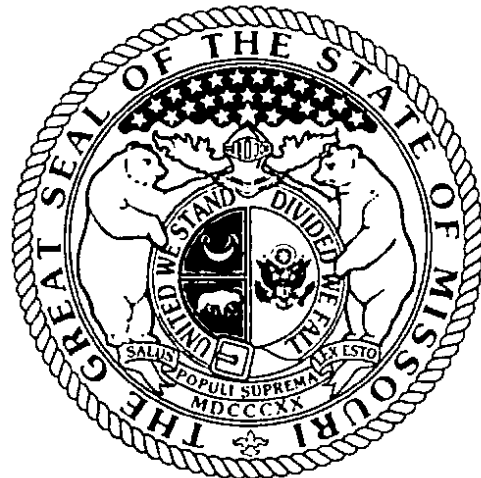
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CLAIMSOLUTION, INC.
00411324

was created under the laws of this State on the 12th day of May, 1995, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of June, 2023.


Secretary of State



Certification Number: CERT-06162023-0034