

F98000001455

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Certified Claims Services Incorporated
(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", 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 BORDEAUX

(Name of Person)

CERTIFIED CLAIMS SERVICES INCORPORATED

(Firm/Company)

101 Southhall Lane, Suite # 400

(Address)

Maitland, FL 32751

(City/State/Zip)

RECEIVED
TALLAHASSEE, FLORIDA

98 MAR 13 PM 1:29

FILED

Should you need to call someone concerning this matter, please call:

Bill Bordeaux

(Name of Person)

at (407) 660-6780

(Area Code & Daytime Telephone Number)

3/12

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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. Certified Claims Services Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 62-1689629
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30th 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 1st 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 101 Southhall Lane Suite 400
Maitland, FL 32751
(Current mailing address)

8. Insurance Claims Adjusting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Bill Bordeaux

Office Address: 101 Southhall Lane Suite 400
Maitland, FL 32751, Florida, 32751
(Zip code)

10. 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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Bill Bordeaux

Address: 101 Southhall Ln. suite 400
Maitland, FL 32751

Vice President: Laura Bordeaux

Address: 101 Southhall Ln. suite 400
Maitland, FL 32751

Secretary: _____

Address: _____

Treasurer: Laura Bordeaux

Address: 101 Southhall Ln. suite 400
Maitland, FL 32751

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

13. [Signature]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bill Bordeaux - president

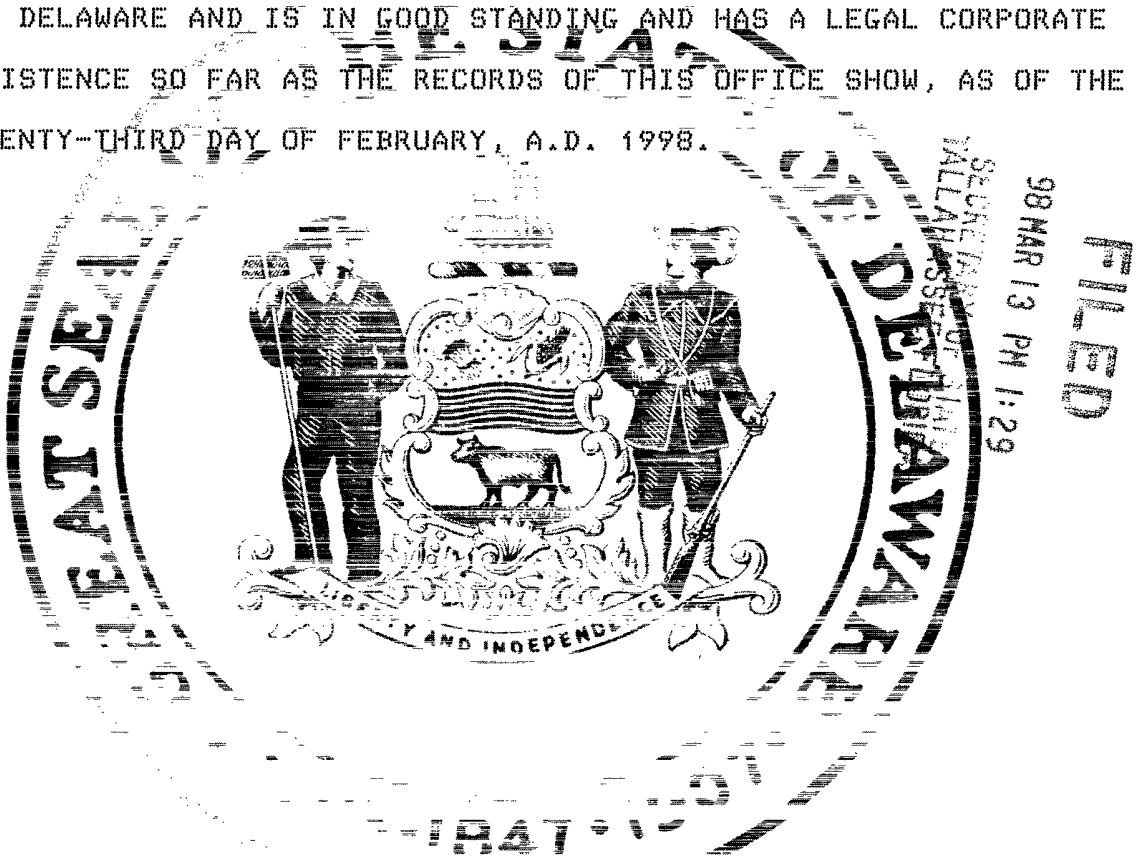
(Typed or printed name and capacity of person signing application)

FILED
MAR 13 PM 1:29
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CERTIFIED CLAIMS SERVICES INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 1998.



Edward J. Freel

Edward J. Freel, Secretary of State

2745305 8300

981067878

AUTHENTICATION:

DATE:

8933442

02-23-98