

1/8/2014 10:11:33 From: To: 8506176380

Division of Corporations

L 11000139306 (1/5)  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000285869 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

~~RE-SUBMIT~~  
Please retain original filing date of submission 12/30

Due to new Law, cannot Backdate.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

MERGER OR SHARE EXCHANGE  
Claims Review Corporation

Certificate of Status	0
Certified Copy	0
Page Count	0405
Estimated Charge	\$60.00

FILED  
14 JAN - 7 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Merger  
01/09/14

850-617-6381

1/3/2014 5:35:37 PM PAGE 1/001 Fax Server



January 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CLAIM SPECIALISTS SERVICES, LLC  
2409 SUNSET WAY  
ST. PETE BEACH, FL 33706US

SUBJECT: CLAIM SPECIALISTS SERVICES, LLC  
REF: L11000139306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

According to 605.0212(8), F.S., each party to the merger must be active and current through December 31st of the calendar year this document is being submitted to the Department of State for filing.

Since the new limited liability Company laws did not go into effective until January 1, 2014, this document can not be back dated to a date in 2013.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H13000285869  
Letter Number: 914A00000207

RECEIVED

14 JAN -8 AM 11:10

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

~~\*RE-SUBMIT\*~~

~~Please return to the filing  
date of submission 1/2/20~~

P.O. BOX 6327 - Tallahassee, Florida 32314

1/2/2014 9:14:12 From: To: 8506176380

( 2/5 )

850-617-6381

12/31/2013 1:32:21 PM PAGE 1/001 Fax Server



December 31, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CLAIM SPECIALISTS SERVICES, LLC  
2409 SUNSET WAY  
ST. PETE BEACH, FL 33706US

SUBJECT: CLAIM SPECIALISTS SERVICES, LLC  
REF: L11000139306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE RESUBMIT YOUR MERGER FOR FILING ON 1/2/14 AS THE NEW LLC LAW WILL BE EFFECTIVE ON 1/1/14.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H13000285869  
Letter Number: 813A00029371

RECEIVED

14 JAN -2 AM 11:01

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

~~\*RE-SUBMIT\*~~  
~~Please retain original filing  
date of submission~~ 12/30

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Claims Review Corporation

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**James C. Seiffert**

Contact Person

**Stites & Harbison PLLC**

Firm/Company

**400 WEST MARKET STREET**

Address

**Louisville, Kentucky 40202**

City, State and Zip Code

**jseiffert@stites.com**

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

For further information concerning this matter, please call:

**James C. Seiffert, Stites & Harbison PLLC at 502 681-0519**

Name of Contact Person

Area Code

Daytime Telephone Number

☐ **Certified copy (optional) \$30.00**

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**Certificate of Merger  
For  
Florida Limited Liability Company**

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

**FIRST:** The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Claim Specialists Services LLC	Florida	Limited Liability Company

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Claims Review Corporation	Kentucky	Corporation

**THIRD:** The merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 605, 617, and/or 620, Florida Statutes.

FILED  
14 JAN -7 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

**FOURTH:** Please check one of the boxes that apply to surviving entity:

This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.

This entity is created by the merger and is a domestic filing entity, the public organic record is attached.

This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.

✓ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

**9420 Bunsen Parkway, Suite 204**

**Louisville, Kentucky 40220. Atten: Mark D. Fischer**

**FIFTH:** This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

**SIXTH:** If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

**SEVENTH:** Signature(s) for Each Party:

Name of Entity/Organization:

Claims Review Corporation

Signature(s):

Typed or Printed

Name of Individual:

Perry L. Hines

Claim Specialists Services LLC

Mark D. Fischer

Corporations:

Chairman, Vice Chairman, President or Officer  
(If no directors selected, signature of incorporator.)

General partnerships:

Signature of a general partner or authorized person

Florida Limited Partnerships:

Signatures of all general partners

Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of an authorized person

**Fees:** For each Limited Liability Company: \$25.00  
 For each Corporation: \$35.00  
 For each Limited Partnership: \$52.50  
 For each General Partnership: \$25.00  
 For each Other Business Entity: \$25.00  
 Certified Copy (optional): \$30.00