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2004 DEC -9 P 12: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

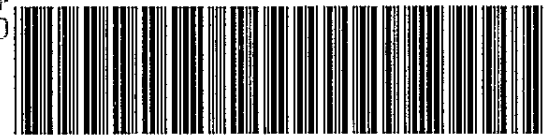
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/09/04--01039--002 \*\*5.00

12/09/04--01039--003 \*\*120.00

ICS, LLC  
P.O. Box 757  
Waldorf, Maryland 20604

(301) 472-1710  
Fax (301) 472-1719

**Date:** December 8, 2004

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**To:** Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399  
Fax: 972-788-1818

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

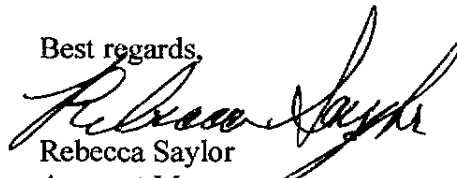
**From:** Rebecca Saylor  
ICS, LLC  
Ph: (301) 472-1710  
Fax: (301) 472-1719

**Re: Registration in the State of Florida**

To Whom It May Concern:

I am attempting to submit the qualification documents, along with the money orders totaling \$125.00 for the filing fees and also the requested letter of good standing. If you require any further information or have any questions, please feel free to contact me at the above number. Thank you for your help in expediting this matter.

Best regards,

  
Rebecca Saylor  
Account Manager

Enclosures: Money orders, Qualifications paperwork and  
Letter of Good Standing.

FILED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Insurance Claims Specialists, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Joseph Radcliff  
(Name of Person)

ICS, LLC  
(Firm/Company)

PO Box 757  
(Address)

Waldorf, MD 20604  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Radcliff  
Rebecca Saylor at (301) 472-1710  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Insurance Claims Specialist LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 52-2413102  
(FEI number, if applicable)
4. 11-17-2003  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 29974 Burton Rd  
Mechanicsville, MD 20659  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here, ☐
9. The name and usual business addresses of the managing members or managers are as follows:

Joseph Radcliff  
29974 Burton Rd  
Mechanicsville, MD 20659

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Insurance Claims adjusting & Roof Construction

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph Radcliff

Typed or printed name of signee

To: BECKY  
Subject: AGENT SIGNATURE

From: Ed Lary

Wednesday, December 08, 2004 11:31 AM Page: 1 of 1

**FILED**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Insurance Claims Specialist LLC

2. The name and the Florida street address of the registered agent and office are:

CorpDirect Agents, Inc.

(Name)

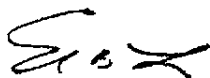
103 N. Meridian Street, Lower Level

(Florida street address - P.O. Box **NOT** acceptable)

Tallahassee, Florida 32301

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*



(Signature)

\$100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

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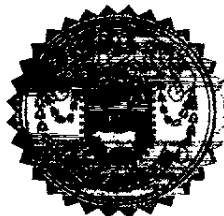
## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSURANCE CLAIMS SPECIALIST LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSURANCE CLAIMS SPECIALIST LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2003.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3725593 8300

AUTHENTICATION: 3523068

040876567

DATE: 12-06-04