

1705000002565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

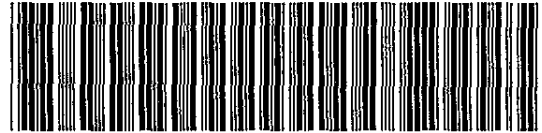
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W05-22914
J. BRYAN MAY - 5 2005

J. BRYAN MAY 16 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurance Fraud Compliance Systems, L.L.C.
(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:

Kristi Risner
(Name of Person)

Simpson Law
(Firm/Company)

1755 N. Collins Blvd, Suite 105
(Address)

Richardson, Texas 75080
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kristi Risner at (972) 783-6384
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 5, 2005

KRISTI RISNER
SIMPSON LAW
1755 N. COLLINS BLVD., SUITE 105
RICHARDSON, TX 75080

SUBJECT: INSURANCE FRAUD COMPLIANCE SYSTEMS, L.L.C.
Ref. Number: W05000022914

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for INSURANCE FRAUD COMPLIANCE SYSTEMS, L.L.C. and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 605A00032331

S i m p s o n L a w



May 11, 2005

Florida Department of State
Joey Bryan
409 E. Gaines Street
Tallahassee, FL 32399

RE: Insurance Fraud Compliance Systems, LLC
Ref. Number: W05000022914

Dear Mr. Bryan:

Enclosed please find the Certificate of Existence for the above referenced. If you have any questions please feel free to call me at 972-759-0721. Thank you.

Sincerely,



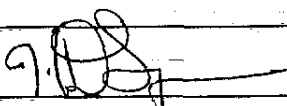
Kristi Kisher

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 Fraud Compliance Systems, L.L.C.
(Name of Foreign Limited Liability Company)
2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2666014
(FEI number, if applicable)
4. February 22, 2005
(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. 100 East Pine Street, Suite 301
Orlando, FL 32801
(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:
Finest Investigation Services, Inc. 100 East Pine Street, Suite 301, Orlando FL 32801
Data Xchange Compliance Systems, LLP, 1755 N. Collins Blvd, Suite 105, Richardson, Texas 75080
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: Collections



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.)
Hugh Simpson, Pres. of Complacen Management LLC, GP of the LLP

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMIT 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 Fraud Compliance Systems, L.L.C.

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

Hector Vega

(Name)

100 East Pine Street, Suite 301

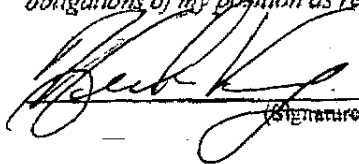
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando

FL 32801

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, Florida Statutes.


(Signature)

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

FILED
2005 MAY 13 AM 10:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Insurance Fraud Compliance Systems, L.L.C. (filing number: 800456321), a Domestic Limited Liability Company (LLC), was filed in this office on February 22, 2005.

It is further certified that the entity status in Texas is active.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 10, 2005.



A handwritten signature of Roger Williams in black ink.

Roger Williams
Secretary of State