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TALLAHASSEE, FLORIDA

M. HODGES

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Professional Adjusters, 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:

William D. McKinley  
(Name of Person)

McKinley Law Firm  
(Firm/Company)

18612 29th Ave SE  
(Address)

Bothell, WA 98012  
(City/State and Zip Code)

For further information concerning this matter, please call:

William D. McKinley at ( 425 ) 485-6200  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

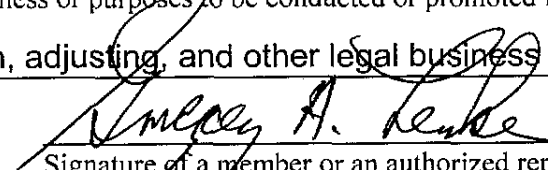
**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Professional Adjusters, LLC  
(Name of Foreign Limited Liability Company)
  2. State of Washington  
(Jurisdiction under the law of which foreign limited liability company is organized)
  3. 20-1541766  
(FEI number, if applicable)
  4. September 8, 2004  
(Date of Organization)
  5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
  6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
  7. 10150 Highland Manor Drive, Suite #200  
Tampa, FL 33610  
(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:  
Gregory Lenke, 9504 Odin Way, Bothell, WA 98011  
\_\_\_\_\_  
\_\_\_\_\_
  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  
investigation, adjusting, and other legal business activities
-   
\_\_\_\_\_  
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 )  
Gregory Lenke  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE FL 32301

**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 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:

Professional Adjusters, LLC

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

Gregory Lenke

(Name)

10150 Highland Manor Drive, Suite #200

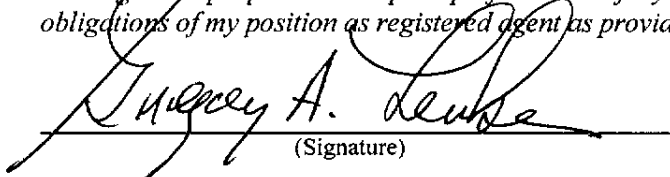
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tampa

FL 33610

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)

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**PROFESSIONAL ADJUSTERS LLC**

**I FURTHER CERTIFY** that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 9/8/2004.

**I FURTHER CERTIFY** that as of the date of this certificate, PROFESSIONAL ADJUSTERS LLC remains active and has complied with the filing requirements of this office.

Date: March 31, 2006

UBI: 602-427-420



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State