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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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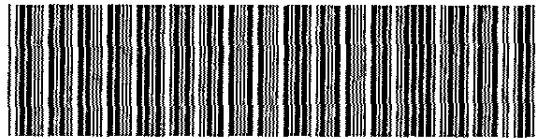
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED PROFESSIONAL CLAIM SERVICES, 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:

MICHAEL J. SCHULTZ

(Name of Person)

UNITED PROFESSIONAL CLAIM SERVICES, LLC

(Firm/Company)

4560 NORTH 19TH AVE.

(Address)

PHOENIX, ARIZONA 85015

(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL J. SCHULTZ at (402) 266-5071
(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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. UNITED PROFESSIONAL CLAIM SERVICES, LLC
(Name of Foreign Limited Liability Company)

2. ARIZONA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 01-0602173
(FEL number, if applicable)

4. JANUARY 31, 2002
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Awaiting Registration to TRANSACTION BUSINESS
(Date first transacted business in Florida, if prior to registration.)

7. CORPORATE OFFICE BRANCH OFFICE
4560 N. 19th Ave. 7536 37th Ave. N.

Phoenix, AZ 85015 St. Petersburg, FL
(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:
BRUCE R. LAVALLEE 4560 N. 19th Ave.
BARRY C. LORENZ Phoenix, AZ
CHARLES L. LORENZ 85015

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: Independent
Adjusting FIRM handling Property and CASUALTY losses

Barry C. Lorenz
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.)
BARRY C. LORENZ
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

UNITED PROFESSIONAL CLAIM SERVICES, LLC

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

JANET S. MEYERS

(Name)

7536 37th AVE. N

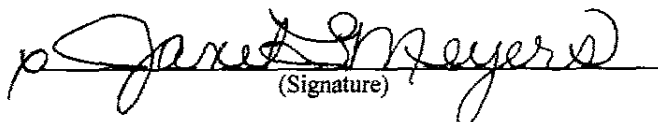
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

ST. PETERSBURG, FL 33710

City/State/Zip

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TALLAHASSEE FLORIDA

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)

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****UNITED PROFESSIONAL CLAIM SERVICES, LLC*****
a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 31st day of January 2002.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 2nd Day of November, 2006, A. D.




EXECUTIVE SECRETARY

BY: 