# M07000002867

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		
Special Instructions to	Filing Officer:			

Office Use Only



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05/14/07--01056--031 \*\***135**.00

FILED STATE STATE STATE STATE OF CORPORATIONS



May 8, 2007

Secretary of State Attn: Company filings

Re: Foreign qualifications

Dear Sir or Madam:

Please accept this correspondence as Claimetrics Management, LLC's application for foreign qualification with your state.

Enclosed please find the following:

- 1) Application for Foreign Qualification (including any supporting documents);
- 2) Certificate of Good Standing from our state of domicile;
- 3) Filing fee;
- 4) Required copies (if any);
- 5) One additional copy for file stamp and return to us; and
- 6) A self addressed postage paid envelope.

Please file our application and return one file stamped copy to us in the enclosed self address postage paid envelope.

Should you have any questions concerning this filing, please don't hesitate to contact the undersigned at 405-728-5137 or <u>Debbie.self@claimetrics.com</u>. Thank you in advance for your assistance with this matter.

Sincerely,

Debbie Self General Counsel

Enclosures (2)

#### **COVER LETTER**

Divis	sion of Corporations			
SUBJECT:	Claim	etrics Management, LLC		
00202011	(N	ame of Limited Liability Company)		
Florida," Cer		Limited Liability Company for Authorization to Transacheck are submitted to register the above referenced for an Florida		
Please return	all correspondence conce	rning this matter to the following:		
	Debbie Self			
		(Name of Person)	_	
	Claimetrics Management, LL	C	07	
		(Firm/Company)	THE SEE	
	P.O. Box 22475		O7 HAY 14 PH 2: 10	
		(Address)	PH 2: 10	
	Oklahoma City, OK 73123		10 Bis	
		(City/State and Zip Code)	_	
For further in	formation concerning this	matter, please call:		
Debb	ie Self	at ( 405 ) 728-5544		
	(Name of Person	) (Area Code & Daytime Telephone Num	iber)	
Divis P.O. I	LING ADDRESS: ion of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Division of Corporations Clifton Building 2661 Executive Center Circle	
		Filing Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee	, Certificate & Certified Copy	

TO: Registration Section

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

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

Claimetrics Management, LLC	f Foreign Limited Liability Company)	<del></del>
(Name of	Poteign Emilied Liability Company)	
Nevada	3, 20-4768855	
(Jurisdiction under the law of which foreign company is organized)	n limited liability (FEI number, if applic	able)
April 21, 2006	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability comexist or "perpetual")	ipany will cease to
Upon Filing		0, 0,
(Date first transac (See sections 608.5	cted business in Florida, if prior to registration.) 501 & 608.502 F.S. to determine penalty liability)	OT MAY 11
7250 NW Expressway, Suite 100		
Oklahoma City, OK 73132		PH 2: \
	(Street Address of Principal Office)	5
	nager-managed company, check here	s follows:
See Attached.		
	istence, no more than 90 days old, duly authenticated by	
	the law of which it is organized. (A photocopy is not a	
n a foreign language, a translation o	f the certificate under oath of the translator must be	e submitted.)
Nature of business or purposes to b	be conducted or promoted in Florida: See Attached.	
	admanhay Tim	·
	nember or an authorized representative of a member	
	ection 608.408(3), F.S., the execution of this document constitutes the penalties of perjury that the facts stated herein are true.)	<b>;</b>
	Snipes CEO/Manager	_
Т	yped 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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Claimetrics Management, LLC	<u> </u>
2. The name and the Florida street address of the registered agent and office are:	THAT I
C T Corporation System	- PH OF
(Name)	2:10
1200 South Pine Island Road	6
Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
Plantation, Florida 33324	
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.

C 1 Corporation System

1. The name of the Limited Liability Company is:

John J. Cinnihan, Asst. VP

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

#### **CLAIMETRICS MANAGEMENT, LLC**

A Nevada Limited Liability Company PPB: 7250 Northwest Expressway, Suite 100 Oklahoma City, OK 73132

> Date of Formation: April 21, 2006 State of Domicile: Nevada FEIN: 20-4768855

#### **MANAGERS:**

A. Marshall Snipes 3417 Partridge Road Oklahoma City, OK 73120

Barry D. Bloom 385 Chestnut Street San Carlos, CA 94070

Thomas N. Richards 5812 Country Club Drive Edmond, OK 73003 LIVISION OF CORPORATIONS

## CLAIMETRICS MANAGEMENT, LLC a Nevada limited liability company

#### **PURPOSE CLAUSE**

The nature of the business and the purpose of the company shall be to act as agent, adjuster and third party administrator for insurance companies and employers in the service of accident and health, property, casualty, workers' compensation, surety, fire, marine, vehicle and any and all other lines of insurance; to apply for, acquire, and hold all licenses, permits, and franchises necessary or useful in the pursuit of said purposes and to engage in all activities reasonably necessary in and incidental to the furtherance of its said purposes not otherwise prohibited by law.

DIVISION OF CORPORATIONS

SECRETARY OF STATE



I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CLAIMETRICS MANAGEMENT**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 21, 2006, and is in good standing in this state.

OT HAY 14 PH 2: 10



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 2, 2007.

ROSS MILLER Secretary of State

Ву

Certification Clerk

SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE

(INCLUDING AMENDMENTS)

I. ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

#### CLAIMETRICS MANAGEMENT, LLC

Articles of Organization for HALLMARK NATIONAL LLC filed April 21, 2006.

Certificate of Amendment filed April 25, 2007.

SECRETARY OF STATE OF STATE OF CORPORATIONS