# M08000003234

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | ldress)           |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |





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06/13/08--01004--004 \*\*160.00

SECRETARY OF STATE

T. HAMPTON

JUL 1 0 2008

**EXAMINER** 

108-22-800

### **COVER LETTER**

| _              | stration Section sion of Corporations   |   |   |
|----------------|---|---|---|
| SUBJECT:       | Unisource Administrators, LLC   |   |   |
|                |   | Limited Liability Compan                    | y)  |
| Florida," Ce   | d "Application by Foreign Limited rtificate of Existence, and check as apany to transact business in Florid                       | re submitted to register the                | uthorization to Transact Business in above referenced foreign limited |
| Please return  | all correspondence concerning th  | is matter to the following:                 |   |
|                |   | Debbie Self                                 |   |
|                |   | (Name of Person)                            |   |
|                |   | Claimetrics                                 |   |
|                |   | (Firm/Company)                              |   |
|                | 9701  | North Boardwalk Blvd.                       |   |
|                |   | (Address)                                   |   |
|                | Oklahon   | na City, Oklahoma 73162                     |   |
|                | (City   | y/State and Zip Code)                       |   |
| For further in | nformation concerning this matter,  | please call:                                |   |
|                | Debbie Self   | at (405)                                    | 641-9447  |
|                | (Name of Person)  | (Area Code & Da                             | ytime Telephone Number)   |
| MAI            | LING ADDRESS:   | G ADDRESS: STREET ADDRESS:                  |   |
|                | of Corporations Division of Corporations  |   |   |
| P.O. Box 6327  |   | Clifton Building                            |   |
| Talla          | hassee, FL 32314  | 2661 Executive Cent<br>Tallahassee, FL 3230 |   |
|                | check for the following amount: 5.00 Filing Fee \$\square\$ | e & \$155.00 Filing Fee & certified Co      |   |



RECEIVED

00 JUL -9 AMII: 48

June 13, 2008'

DEBBIE SELF CLAIMETRICS 9701 N BOARDWALK BLVD OKLAHOMA CITY, OK 73162

SUBJECT: UNISOURCE ADMINISTRATORS, LLC

Ref. Number: W08000028851

We have received your document for UNISOURCE ADMINISTRATORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 608A00036362

## 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:

| 1     | Unisource Administrators, LLC  |
|-------|--|
| • • • | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C" or "LLC.")   |
| COT   | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C.," "LLC.")   |
| 2.    | Oklahoma 3   |
| (     | Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  |
| 4.    | April 24, 2008 5. Perpetual  |
|       | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 5.    | Upon Certification   |
|       | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7.    | 9701 Boardwalk Blvd., Oklahoma City, Oklahoma 73162  |
|       | en e   |
|       | (Street Address of Principal Office)   |
|       | If limited liability company is a manager-managed company, check here     The property   Property |
| ).    | The name and usual business addresses of the managing members or managers are as follows:  |
|       | 9701 Boardwalk Blvd., Oklahoma City, Oklahoma 73162  |
|       | Marshall Snipes  |
|       |  |
| hej   | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)  |
| 1.    | Nature of business or purposes to be conducted or promoted in Florida: See Attached  |
| _     |  |
|       | Demie Seld   |
|       | 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.)   |
|       | Debbie Self  |
|       | Typed or printed name of signee  |

#### **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.

SECRETARY OF STATE

## 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:  Unisource Administrators, ILC    |  |  |
|----|---|--|--|
| 2. | The name and the Florida street address of the registered agent and office are: |  |  |
|    | C T Corporation System  |  |  |
|    | . (Name)  |  |  |
|    | 1200 South Pine Island Road   |  |  |
|    | 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 T Corporation System

(Signature)

J.L. Miles, Asst. Secy.

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

FILED

08 JUL -9 PN 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>UNISOURCE ADMINISTRATORS, LLC</u> whose registered agent is <u>MARSHALL SNIPES</u>, with its registered office at <u>9701 N BOARDWALK BLVD OKLAHOMA CITY 73162 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



37.7

IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>28th</u>, day of <u>April</u>, <u>2008</u>.

Secretary Of State