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| Special Instructions to Filing Officer: | | |
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EXAMINER

THE FCL GROUP, LLC dba Bentley Scott Insurance Services

January 24, 2010

Division of Corporations Registration Office P.O. Box 6327 Tallahassee, FL 32314

Dear Registration Office:

Enclosed is our application for authorization to transact business in Florida. We have also enclosed an application for an assignment of a fictitious name registration to be associated with The FCL Group, LLC.

Please process both applications and, in addition, we would like a certificate of status on both as well. Please call if you have any questions. We have enclosed one check for \$130.00 for the filing fee \$100, designation of registered agent \$25.00 and certificate of status \$5.00 for The FCL Group and a check for \$60.00 for the fictitious name of "Bentley Scott Insurance Services" \$50 for the filing fee and \$10 for the certificate of status.

Please call me if you have any questions.

Thanks

Troy Hansen Vice-President 817-767-2108

thansen@leadingedgeclaims.com

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SECRETARY OF STATE
TALL LINESSEE ET 03104

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--|---|--|--|
| SUBJE | CT: The FCL Group, LLC | | |
| CODG | Name of Limited Liability Company | | |
| | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | | |
| Please | eturn all correspondence concerning this matter to the following: | | |
| | Troy Hansen | | |
| | Name of Person | | |
| | The FOL Crown LLC | | |
| | The FCL Group, LLC Firm/Company | | |
| | 1 mile company | | |
| | 1706 Tennison Pkwy Suite 140 | | |
| | Address | | |
| | O-H-1111 TV 70004 | | |
| | Colleyville, TX 76034 City/State and Zip Code | | |
| | grafia de la companya del companya de la companya del companya de la companya de | | |
| | thansen@leadingedgeclaims.com | | |
| | E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | | |
| | | | |
| | Troy Hansen at (817) 767-2108 | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32301 | | |
| Enclos | ed is a check for the following amount: | | |
| | \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, Certificate Copy}\$\$ Certificate of Status Certified Copy | | |

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: The FCL Group, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Bentley Scott Insurance Services, L.L.C. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 27-1730781 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) December 31, 2009 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 1706 Tennison Pkwy Suite 140 Colleyville, TX 76034 (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: Troy Hansen - 1706 Tennison Pkwy Suite 140 Collevville, TX 76034 Jeff Baber - 1706 Tennison Pkwy Suite 140 Colleyville, TX 76034 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: Third Party Administrator of Property and Casualty Insurance Claims 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.)

Troy Hansen

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 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: | |
|--|---|
| The FCL Group, L.L.C. | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| Bentley Scott Insurance Services, LLC | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| InCorp Services, Inc. | 2010 SE |
| (Name) | 2010 JAN 29 2010 JAN 29 SECRETAN IAI LAHASS |
| 17888 67th Court North | — 50°4° |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Loxahatchee,⊯_ 33470 | 4: 29 JORIDA |
| City/State/Zip | ;2× |

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.

Judic for Incorp Services, Inc.
(Signature)

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

Hope Andrade Secretary of State

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for THE FCL GROUP, L.L.C. (file number 801212258), a Domestic Limited Liability Company (LLC), was filed in this office on December 31, 2009.

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

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 January 23, 2010.



Hope Andrade Secretary of State