

MI2000003149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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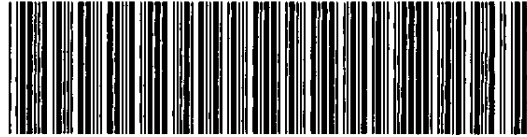
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 JUN -4 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen JUN -5 2012

**Rev-1 Solutions, LLC**

**517 US Highway 31 N  
Greenwood, IN 46142-3932**

State of Florida  
FL Reg Section Division of Corporations  
2661 Executive Center Circle Clifton Building  
Tallahassee, FL 32301

**RE: Rev-1 Solutions, LLC**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Francis Niper  
Rev-1 Solutions, LLC  
517 US Highway 31 N  
Greenwood, IN 46142-3932

If you have any questions regarding this application, please contact:

Francis Niper  
Rev-1 Solutions, LLC  
Phone: (317) 883-5600  
Fax: (317) 883-5602  
Email: [francis.niper@med1solutions.com](mailto:francis.niper@med1solutions.com)

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rev-1 Solutions, 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:

Francis Niper

Name of Person

Rev-1 Solutions, LLC.

Firm/Company

517 US Highway 31 N.

Address

Greenwood, IN 46142-3932

City/State and Zip Code

francis.niper@med1solutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis Niper

Name of Person

at ( 317 )

883-5600

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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. Rev-1 Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. Indiana 3. 27-1278857  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/02/2009 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 517 US Highway 31 N., Greenwood, IN 46142-3932  
(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:

William J. (Joe) Huff II 517 US Highway 31 N., Greenwood, IN 46142-3932

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: \_\_\_\_\_

Debt Collection

Leanne Kopischke 05-25-2012  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Leanne Kopischke, Attorney-In-Fact  
Typed or printed name of signer

FILED  
12 JUN -4 PM 12:26  
SECRETARY OF STATE  
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:

Rev-1 Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

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 FL 33324  
City/State/Zip

FILED  
12 JUN -4 PM 12:26  
SECRETARY OF STATE  
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.*

C T Corporation System

By: 

(Signature)

**Michele Miller**  
**Assistant Secretary**

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

**Collectors Insurance Agency, Inc.**

**Power of Attorney**

NOTICE IS HEREBY GIVEN THAT REV-1 Solutions, LLC ("Entity") an entity organized under the laws of IN, does hereby appoint, Angela Butera, Lisa M. Eubanks, Leanne Kopischke, Jeff Schoenberg and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

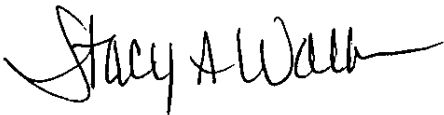
IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 15 day of May, 2012.

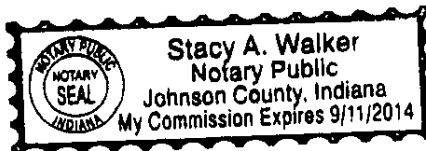
  
\_\_\_\_\_  
Signature of Authorized Entity Representative

Joe Huff, President  
\_\_\_\_\_  
Print Name and Title

Sworn to and subscribed before me  
This 15 of May, 2012.

Notary Public, State of Indiana  
Commission Expires: 9-11-2014





**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**REV-1 SOLUTIONS LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 02, 2009, and was in existence or authorized to transact business in the State of Indiana on May 18, 2012.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of May, 2012.

*Connie Lawson*

Connie Lawson, Secretary of State

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