# M1200000 4282

•
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JUL 3 1 2012 T. HAMPTON

#### **COVER LETTER**

TO: Registration Division of	n Section Corporation	s					
SUBJECT:		Clea	r Point C	Claims, LLC			
	Name of Limited Liability Company						
The enclosed "Appli Existence, and check	cation by Fo	reign Limited Liab ed to register the a	oility Com bove refer	pany for Auth renced foreign	orization to limited lial	Transact Business in Florida," Cert bility company to transact business i	tificate of n Florida
Please return all corr	respondence	concerning this ma	atter to the	e following:			
			Mich	ael Holcom	b		
			Na	ime of Person		· · · · · · · · · · · · · · · · · · ·	
				oint Claims, I rm/Company	LLC		
		13925 Ba	llantyne	Corporate I	Place, Ste	190	
				Address			
		Charlotte			NC	28277	
	·		City/St	ate and Zip Co	ode		
		s	tatrep@	nationalcor	o.com		
<del></del>		E-mail address: (	to be used	for future ann	ual report	notification)	
For further informat	ion concerni	ng this matter, plea	ise call:				
<del></del>	<del></del>	el Holcomb		at ( <b>80</b> (		776-1053	
	Name	of Person	Area	a Code & Day	ime Telepl	none Number	
MAILING	ADDRESS	<u>:</u>		ET ADDRESS			
	Division of Corporations  Registration Section  Division of Corporations  Registration Section						
P.O. Box 6	· · · · · · · · · · · · · · · · · · ·						
	Tallahassee, FL 32314 Cinton Building  2661 Executive Center Circle						
				ssee, FL 3230			
Enclosed is a che							
\$125.00 Fil	ing Fee	\$130.00 Filing F		\$155.00 Filing		\$160.00 Filing Fee, Certificate	
		Certificate of Sta	ius	Certified Cop	У	of Status & Certified Copy	

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

	Clear Point Claims	s. LLC				
. (Name of Foreign Limited Liability C	Company; must include "L	imited Liabili	ty Company," "L.L	.C.," or "I	LC.")	·
If name unavailable, enter alternate name acconsent of the managers or managing member Company," "L.L.C," "LLC.")						
. NC	3.		455388429			
(Jurisdiction under the law of which foreign company is organized)	gn limited liability	(FI	El number, if appli	cable)		_
05/29/2012	5.		Perpetual			
(Date of Organization)	(I	Duration: Yea kist or "perpet	Perpetual r limited liability co ual")	mpany w	ill cease to	_
i.	08-01-2012				==	9
(Date first trans (See sections 608	acted business in Florida,	if prior to regi	stration.)			333
					<u> </u>	語
13925 Ballantyn	e Corporate Place, St	e 190, Charl	otte, NC 28277		<u> </u>	(C) (C)
					=	援숙
	(Street Address of Prin	ncipal Office)				زی آور منز اسعا
3. If limited liability company is a m	anager-managed com	pany, check	here 🗸		AM II: 24	活
). The name and usual business addr	esses of the managing	members o	or managers are	as follov	vs:	
Chip Brown 139	25 Ballantyne Corporate Plac	e, Ste 190	Charlotte	NC	28277	_
Michael Holcomb 139	25 Ballantyne Corporate Plac	ce, Ste 190	Charlotte	NC	28277	_
Greg Lovette 139	25 Ballantyne Corporate Plac	e, Ste 190	Charlotte	NC	28277	_
0. Attached is an original certificate of existente jurisdiction under the law of which it is orgonalstation of the certificate under oath of the translation.	anized. (A photocopy is no	t acceptable. I	•	_	•	
1. Nature of business or purposes to	be conducted or pror	noted in Flo	orida: To p	rovide c	laims	_
management se	rvices to insurance ca	rriers throu	ighout the state	•		
Signature of a	DO Hemel member or an authori	zed represe	ntative of a mem	ber.		
Signature of a						

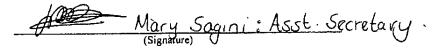
Typed or printed name of signee

### 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 Compar	ry is:	
Clear Po	oint Claims, LLC	<u>c</u>
If unavailable, the alternate to be used in the s	state of Florida	is:
2. The name and the Florida street address of	the registered	agent and office are:
National Corpo	orate Research	, Ltd., Inc.
41. 20.10 July 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	(Name)	
· 155 O	ffice Plaza Driv	/e
Florida Street Addre	ss (P.O. Box NO	T ACCEPTABLE)
Tallahassee	FL	32301
****	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.



\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



## NORTH CAROLINA Department of the Secretary of State

## **CERTIFICATE OF EXISTENCE** (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### CLEAR POINT CLAIMS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of May, 2012, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of July, 2012.

Elaine I. Marshall

Secretary of State