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August 13, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

THE IS MIN TO THE

Re:

Order #: 9241592 SO

Customer Reference 1: 162068 Customer Reference 2: KD

Dear Department of State, Florida:

Please obtain the following:

Varsity Claims Adjusters LLC (TX) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

Divisio	n of Corporations
SUBJECT: Va	rsity Claims Adjusters LLC
SOBJECT	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck 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:
	Linda Stauffer
	Name of Person
	CT - NRAI Houston
	CT - NRAI Houston Firm/Company Gradient Company Gradient Compan
	1021 Main Street, Suite 1150
	1021 Main Street, Suite 1150
	Houston, TX 77002 Address
•	The state of the s
	City/State and Zip Code
	jtimmerman@varsityclaims.com
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
rot futulet infor	nation concerning this matter, prease can.
Linda S	Stauffer, CT - NRAI Houston at (800) 862-5438
	Name of Contact Person Area Code Daytime Telephone Number
Divisio Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 Ssee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: i.00 Filing Fee

TO:

Registration Section

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Varsity Claims Adjusters 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. The alternate nat Liability Company," "L.L.C," or "LLC.")	ne must include "Limited
2 Texas 3 46-1809824	
(Jurisdiction under the law of which foreign limited liability (FEI number, if application)	ole)
company is organized)	- C
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	in the
	59 £
5. 1360 Marlys Ave, Canyon Lake, TX 78133	<u> </u>
(Street Address of Principal Office)	- 22
·	10 fm
6. PO BOX 1378, Canyon Lake, TX 78133	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to man	age is/arc:
Jason Timmerman, Managing Member, 1360 Marlys Ave, Canyon Lake, TX 78133	
Vance Dawson, Managing Member, 6779 Bells Ferry Rd Woodstock, GA 30189	
Carlo Police Manager 100 Constant Van Landa Carlo 2000	
Craig Eckman, Managing Member, 123 Caracas Woodstock, GA 30189	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic	. 11
having custody of records in the jurisdiction under the law of which it is organized. (A pho	ated by the official
acceptable. If the certificate is in a foreign language, a translation of the certificate under or	ath of the translator
must be submitted)	and the translator
\emptyset .	
Signature of an authorized person	
On accordance with section 605 0203 P.S., the execution of this document constitutes on official invasion and the section of the section of this document constitutes on office and the section of the se	the facts stated herein are true.
am aware that my false information submitted in a document to the Department of State constitutes a third degree felony as provided for	r in s.817.155, F.S.)
Jason Timmerman, Managing Member	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

NRAI Services, Inc. (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip Idaving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as agistered agent and agree to act in this capacity. I further agree to comply with the provisions of all aututes 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 605, Florida tatutes. NRAI Services, Inc. NRAI Services, Inc.		e of the Limited Liability Company is: s Adjusters LLC	
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NRAI Services, Inc. NOT ACCEPTABLE) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip Aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of all atutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, Florida atutes. NRAI Services, Inc. NRAI Services, Inc.		NRAI Services, Inc.	22 ² €
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	ability comp gistered ag atutes relate ecept the ob	pany at the place designated in this certificate, I hereby according to the proper and complete performance of my duties, a ligations of my position as registered agent as provided for NRAI Services, Inc.	ept the appointment as aply with the provisions of all and I am familiar with and

\$ 25.00 Designation of Registered Agent Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

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



Nandita Berry Secretary of State

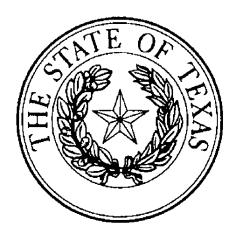
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Varsity Claims Adjusters LLC (file number 801718516), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2013.

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 August 13, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Dial: 7-1-1 for Relay Services Document: 560815680003