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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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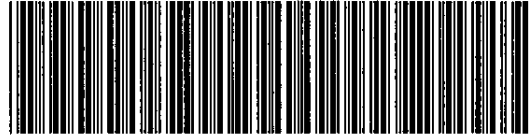
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 27 2015
J SHIVERS



VCM

VERTICAL CLAIMS MANAGEMENT, LLC

**Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida**

Addendum A

8. The name, title or capacity and address of the persons who have authority to manage are:

Clare M. Bello
President & CEO
12300 Perry Highway, Suite 300
Wexford, PA 15090

G. Bryan Thomas
Manager
2 East Main St., Suite 208
Danville, IL 61832

Rodney J. Golden
Manager, Secretary
2 East Main St., Suite 208
Danville, IL 61832

John E. Kluth II
Manager, Treasurer
2 East Main St., Suite 208
Danville, IL 61832

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vertical Claims Management, 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:

Brian Catron

Name of Person

Vertical Claims Management, LLC

Firm/Company

12300 Perry Highway, Suite 300

Address

Wexford, PA 15090

City/State and Zip Code

brian.catron@vcm-llc.com

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

For further information concerning this matter, please call:

Brian Catron

724
at ()

934-6615

Name of Contact Person

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 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. Vertical Claims Management, 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 42-1530626

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12300 Perry Highway, Suite 300

Wexford, PA 15090

(Street Address of Principal Office)

6. 12300 Perry Highway, Suite 300

Wexford, PA 15090

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Candice Pignataro

(Registered agent's signature)

Candice Pignataro
Assistant Secretary

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TALLAHASSEE, FLORIDA

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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See Addendum A.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Brian Catron

Signature of an authorized person

(In accordance with section 605.0203, 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.)

Brian Catron

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/30/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

VERTICAL CLAIMS MANAGEMENT, LLC.

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes
Secretary of the commonwealth

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15 OCT 26 AM 8:46
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Certification Number: TSC150930100517-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>