

m15000008684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900278410499

10/26/15--01007--009 **125.00

2015 OCT 26 A 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 30 2015

3 MASON



LICENSING EXPERTS
Saving You Time & Money



October 20, 2015

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Subject: Application for Authorization

Enclosed please find the application for authorization certificate of good standing and check# 7796 in the amount of \$125.00 for the filing fee on behalf of Veritas Claims Services, LLC.

Please mail the approved registration to my attn. to the address below:

Supportive Insurance Services, LLC
Attn: Kelly Potts
1610 S Old Decker Rd
Vincennes, IN 47591

If you have any additional questions or requirements, please contact me at (812)494-2395 or kdpotts@supportiveis.com

Sincerely,

Kelly Potts

Kelly Potts
Licensing Administrator
Supportive Insurance Services
www.supportiveis.com

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Veritas Claims Services, 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:

Kelly Potts

Name of Person

Supportive Insurance Services, LLC

Firm/Company

1610 S Old Decker Rd

Address

Vincennes, IN 47591

City/State and Zip Code

kdpotts@supportiveis.com

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

For further information concerning this matter, please call:

Kelly Potts

812 494-2375
at ()

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. Veritas Claims Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

K2 Claims Services, 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. CA 3. 46-1014509
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 514 Via de la Valle; Ste. 302
Solana Beach, CA 92075
(Street Address of Principal Office)

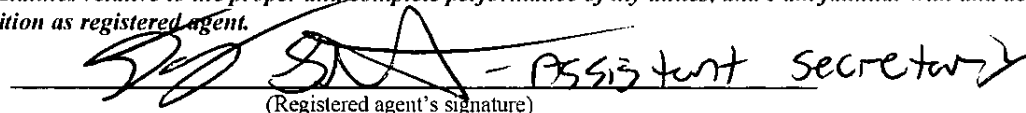
6. 514 Via de la Valle; Ste. 302
Solana Beach, CA 92075
(Mailing Address)

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

Name: Paracorp Incorporated
Office Address: 155 Office Plaza Dr, 1st Floor
Tallahassee, Florida 32301
(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.


(Registered agent's signature)

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

Marianne Altland / Vice President

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)

→ 
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Marianne Altland

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 26 A 9:16

FILED

State of California
Secretary of State

RECEIVED
OCT 19 2015
SUPPORTIVE INSURANCE

CERTIFICATE OF STATUS

ENTITY NAME: VERITAS CLAIMS SERVICES, LLC

FILE NUMBER: 201226210150
FORMATION DATE: 09/17/2012
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 12, 2015.

A handwritten signature in cursive script, reading "Alex Padilla".

ALEX PADILLA
Secretary of State