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COVER LETTER

TO:	Registration Section Division of Corporation	ns					
end III	Accelerated Adjusti						
SUBJE	XI:	Name of	Limited Liability C	ompany			
The end Existen	closed "Application by For ice, and check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authorizat enced foreign limite	ion to Transact Bu ed liability compan	siness in Florida," C y to transact busines	ertifica s in Flo	ite of orida
Please	return all correspondence o	concerning this matter to the	following:				
	Nicholas Miller	г					
	***************************************	N	ame of Person		·-···		
	Accelerated Ad	-					
	Firm/Company				22	ਰ	
	PO Box 19266						П
	Address				<u> </u>	<u>ٿ</u>	
	Asheville, NC	28815					Ċ
		City/S	tate and Zip Code			ا: ن	
	n.miller@acceler	ratedadjusting.com				ॅर्ग	
	***************************************	E-mail address: (to be use	d for future annual	report notification)			
For fur	ther information concernin	g this matter, please call:					
	Nicholas Miller		828 at (273-8491			
	Name o	of Contact Person	Area Code	Daytime Tele	ephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	S.		STREET ADDRI Division of Corpor Registration Section Clifton Building 2661 Executive Co Tallahassee, FL 32	rations on enter Circle		
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: \$\infty\$ \$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Certified Copy	_	0.00 Filing Fee, Cert us & Certified Copy		

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

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

1. Accelerated Adjusting I							
(Name of Fore	eign Limited Liability Company; mo	ust incli	ide "Limited L	iability Company," "L.L.C.,"	or "LLC.")		
Liability Company," "L.L C,"	ternate name adopted for the purpor		_		name must include "	Limit	ed
2. North Carolina		3.	45-4582063	;			
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicab	le)		
4. 05/23/2016					= ಇ ಇ	_	
5 15 Wild Pine Ct	(Date first transacted busin (See sections 605.0904 & 605	ess in F 5.0905,	lorida, if prior F.S. to determ	to registration.) ine penalty liability)	- 岩台	o E	1
5. Leicester, NC 28748						ప్	
· · · · · · · · · · · · · · · · · · ·	(Street Address of	Princip	al Office)		- 17:	72	[
6. PO Box 19266					-	#	-
Asheville, NC 28815		一 製造	#. ယ ယ				
	(Mailing	Addre	ss)			Con-	
7. Name and street address	s of Florida registered agent: (P	.O. Bo	x <u>NOT</u> acce	ptable)			
Name:	Incorp Services, Inc.			_			
Office Address:	17888 67th Court North						
	Loxahatchee			, Florida <u>33470</u>			
Registered agent's accept	(City)		······································	(Zip code)	·		
Having been named as rej designated in this applicat to complywith the provision	gistered agent and to accept ser ion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent	imeni propei	as registered r and comple	agent and agree to act in a te performance of my duti DeFilippis on behalf o	this capacity. I fulles, and I am fami	irthei iliar v	r agree with an
8. The name, title or capa	city and address of the person(s)) who h	as/have autho	ority to manage is/are:			
Nicholas Miller, Man	aging Member, PO Box 19	266, <i>A</i>	Asheville, N	C 28815			
			······································				
9. Attached is a certificate of jurisdiction under the law of the translator must be su	of existence, no more than 90 da of which it is organized. (If the committed)	iys old. ertifica	duly authent te is in a fore	icated by the official having ign language, a translation	g custody of recor of the certificate t	ds in under	the oath
	Signature	of an a	uthorized perso	on			
This document is executed submitted in a document to	in accordance with section 605.6 the Department of State constitu)203 (f ites a th) (b), Florida aird degree fel	Statutes, I am aware that a ony as provided for in s.81	ny false informatio 7.155, F.S.	on .	

Typed or printed name of signee

Nicholas Miller



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

ACCELERATED ADJUSTING LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 6th day of February, 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 31st day of May, 2016.

Elaine J. Marshall

Secretary of State