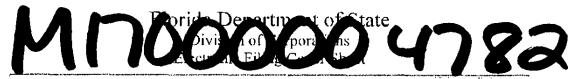
6/5/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations	-5 SS
	Fax Number : (850)617-6383	EN T
From:		-m 3%
From.	Account Name : C T CORPORATION SYSTEM	ان ا
	Account Number : FCA000000023	三三二
	Phone : (512)418-6949	ည္က က ်
	Fax Number : (954)208-0845	-
	the email address for this business entity to be used	
anr	nual report mailings. Enter only one email address pl	ease.**

ATT ATTEST C. P. CONT.)

Foreign Limited Liability Company CALIBRATED INSURANCE SERVICES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section
	Bivision of Cornorations

SUBJECT: _ CALIBRATED INSURANCE SERVICES, LLC

Please return all correspondence concerning this matter to the following:

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.

Jeff Martin Name of Person Team One Adjusting Services, LLC Firm/Company 8701 JOHN W CARPENTER FWY STE 140 Address Dallas, TX 75247-4637 City/State and Zip Code jmartin@teamoneclaims.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 201-6278 Kimberly Steinmetz. 888 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tatlahassee, FL 32314 2661 Executive Center Circle Tallahassee, Fl. 32301 Enclosed is a check for the following amount: □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & 🖾 \$160,00 Filing Fee, Certificate \$125.00 Filing Fee Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION GISURGE FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY.
COMPANY TOTRANSACT BUSINESS IN THE SENTEOF FLORIDA.

	SURANCE SERVICES, LLC		· · ·
(Name of Fore	ign Limited Liability Company, must include "L	imited Liability Company," "L L.C.," or "l	.LC")
If name unavailable, enter al	ternate name adopted for the purpose of transact	ing husiness in Florida. The alternate name	must include "Limited
, TEXAS		3960128	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. April 1, 2017	· · · · · · · · · · · · · · · · · · ·		
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. t.	(if prior to registration) Odetermine penalty liability)	
5, 8701 JOHN W CARPI	ENTER FWY STE 140		7. 2
DALLAS, TX 75247			
	(Street Address of Principal Of	ice)	요한 <u>등</u>
6. 8701 JOHN W CARPE	INTER FWY STE 140		32
DALLAS, TX 75247			SER O
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box N	OF neceptable)	
Name:	CT Corporation System	and the same of th	58 Right
Office Address:	1200 South Pine Island Road	- Marian Caraller Ca	
	Plantation	Florida 33324	
	(City)	(Zip code)	• • • • • • • • • • • • • • • • • • • •
designated in this applica to complywith the provisi	gistered agent and to accept service of pro- tion, I hereby accept the appointment us re- ons of all statutes relative to the proper and my position as registered agent. (CT Corporation System By Horona by	gistered agent and agree to act in this	capacity. I further agree and I am fanaliur with a [2]
• • •	(Registered agent's	signature)	
•	acity and address of the person(s) who has/h		
Jelf Martin , Mariagir	ng Member 8701 John W Carp	penter Fwy, Ste 140, Dalla	is, 1X /524/
Eric Shaw, , Mana	aging Member 8701 John W C	arpenter Fwy, Ste 140, D	allas, TX 75247
Market Control of the			·
	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is ubmitted)		
	Signature of an outho	rized person	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b the Department of State constitutes a third), Florida Statutes, 4 am aware that any degree felony as provided for in s.817.	false information 155, F.S.
•	leff Martin	·	

Typed or printed name of signee

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



Rolando B. Pablos 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 Calibrated Insurance Services, LLC (file number 802626066), a Domestic Limited Liability Company (LLC), was filed in this office on January 16, 2017.

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 May 31, 2017.



RR

Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 741248140003