.

Division of Corporations

RECEIVED



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.

(((H170001833213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2017 JUL 13	SECRETAR IALLAHASSE	Certificate of Status Certified Copy Page Count	0 0 03			
E		Pronto Florida Claims, LLC				
N 15: 69	Foreign Limited Liability Company			17		
	Email Address:					
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.					
	From:	Account Name : C T CORPORATION S Account Number : FCA000030023 Phone : (512)418-6949 Fax Number : (954)208-0845	YSTEM			
	To:	Division of Corporations Fax Number : (350)617-6383				

Electronic Filing Menu Corporate Filing Menu Help

> n SCOTT JUL 1 4 2017

ı.

145

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Pronto Florida Claims, LLC

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

(It 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 Delaware	3.	82-2108859		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4	(Date first transacted business in Fl (See sections 605.0904 & 605.0905, F	orida, if prior to registration.)		
5. 805 Media Luna, Suite	•			
Brownsville, TX 78520				
6. 805 Media Luna, Suite	(Street Address of Principa 610	J Office)	<u>50</u> 1	
Brownsville, TX 7852				
	(Mailing Address)		
7. Name and street addres	Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> accoptable)			
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road		$\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i$	
	Plantation	, Florida		
	(City)	(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment us 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. A = 1

ANYBERTELETTI VICE PRESIDEN (Registered agent's signature)

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

Jorge Barcena - President - 5472 Peppermill Run, Brownsville, TX 78520

Tom Paravato - CFO - 601 Tesoro, Rancho Vicjo, TX 78575

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)

Barcena ena (bil 11, 70171

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 5.817.155, F.S.

Jorge Barcena, President

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRONTO FLORIDA CLAIMS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

> ~~

LED 13 A. ې



6462599 8300

SR# 20175065039 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202821503 Date: 07-03-17