## 118000001191

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EXAMINER:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 055035 7841736
AUTHORIZATION: STEELS CONTROL OF THE STEELS
COST LIMIT : \$ 125.00
ORDER DATE : February 1, 2018
ORDER TIME : 10:22 AM
ORDER NO. : 055035-065
CUSTOMER NO: 7841736
FOREIGN FILINGS
NAME: EXAMWORKS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## 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: Exam Works, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," 3. 26-1114252 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3280 Peachtree Road NE, Suite 2625 3280 Peachtree Road NE, Suite 2625 (Mailing Address) (Street Address of Principal Office) Atlanta, GA 30305 Atlanta, GA 30305 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: \_, Florida 32301 Tallahassee 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 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 **Roxanne Turner** and accept the obligations of my position as registered agent. Asst. Vice President Cofficiation Service Company (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: ExamWorks Group, Inc. Sole Member 3280 Peachtree Rd NE, #2625 Atlanta, GA 30305 (Use attachments if necessary) 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) 10. 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. Signature of an authorized person James Price

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EXAMWORKS, 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 FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXAMWORKS, LLC"

WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2007.

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

SECRETARY OF SUPPORATIONS
18 FEB -2 AMII: 19



Authentication: 202078609

Date: 02-01-18

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