

MB000003221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

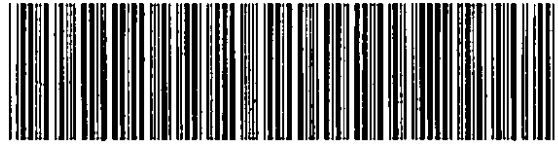
(Business Entity Name)

(Document Number)

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APR 02 2018

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Claims Advantage Network, 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:

Patrick A. Tefft

Name of Person

Dvorak Law Group, LLC

Firm/Company

13625 California Street, Suite 110

Address

Omaha, NE 68154

City/State and Zip Code

ptefft@ddlawgroup.com

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

For further information concerning this matter, please call:

Patrick A. Tefft

402

614-8299

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

2018 APR - 2  
2:26  
TALLAHASSEE  
FLORIDA  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

FILED

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. Claims Advantage Network, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-5294936

(FEI number, if applicable)

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

5. 106 Louise Ritter Blvd

(Street Address of Principal Office)

Red Oak, TX 75154

6. 106 Louise Ritter Blvd

(Mailing Address)

Red Oak, TX 75154

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Fl

Tallahassee

(City)

, Florida 32301

(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 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.

Delanie Case Delanie Case asst sec  
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Spencer Rutenbar

106 Louise Ritter Blvd

Red Oak, TX 75154

(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

Spencer Rutenbar

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 Claims Advantage Network, LLC (file number 802599946), a Domestic Limited Liability Company (LLC), was filed in this office on December 09, 2016.

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 March 22, 2018.

FILED  
2018-2 P 2:27  
MAR 22 2018  
STATE OF TEXAS  
CLERK OF THE SECRETARY OF STATE



A handwritten signature of Rolando B. Pablos, consisting of a stylized, cursive script.

Rolando B. Pablos  
Secretary of State