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Foreign

1. ClaimsCome, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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. ClaimsComp, 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. Delaware 3. 83-0780570
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0907, F.S. to determine penalty liability)

5. 490 Sun Valley Drive
(Street Address of Principal Office)
Suite 103
Roswell, GA 30076

6. 490 Sun Valley Drive
(Mailing Address)
Suite 103
Roswell, GA 30076

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: REGISTERED AGENT SOLUTIONS, INC.
Office Address: 155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, Florida 32301
(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 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.

Jaclyn Wright Jaclyn Wright, Asst. Secretary
(Registered agent's signature)

| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | | | |
|--|--|---------------------------|---|
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
| <u>Manager</u> | <u>John Pawlak</u> <u>490 Sun Valley Dr. Ste 103</u> <u>Roswell, GA 30076</u> | <u>Manager</u> | <u>Bill Monie</u> <u>490 Sun Valley Dr. Ste 103</u> <u>Roswell, GA 30076</u> |
| <u>Manager</u> | <u>Felix Mendez</u> <u>490 Sun Valley Dr. Ste 103</u> <u>Roswell, GA 30076</u> | <u>Manager</u> | <u>Innovative Financings Group</u> <u>8055 Rainforest Jasper Lane</u> <u>Delray Beach, FL 33446</u> |

(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.

John Pawlak
Signature of an authorized person
John Pawlak
Typed or printed name of signee

Manager

Panacea Capital Advisors, Inc
3 Bethesda Metro Center
Suite 700
Bethesda, MD 20814

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLAIMSCOMP, 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 SEVENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLAIMSCOMP, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2017.

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



6547985 8300

SR# 20185038143

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202844020

Date: 06-07-18