

11900001639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

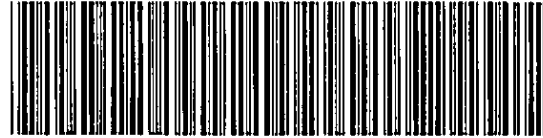
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 16 2019

COVER LETTER

TO: **Registration Section**
 Division of Corporations

SUBJECT: Global Claims Advisors 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:

Blake Trueblood

Name of Person

Justice Funds, LLC

Firm/Company

600 Brickell Ave, Suite 1900

Address

Miami, FL 33131

City/State and Zip Code

btrueblood@justicefunds.com

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

For further information concerning this matter, please call:

Blake Trueblood

954

271-1263

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

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. Global Claim Advisors LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Global Claim Advisors, LLC
(If 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. DE 3. 320581088
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 10/15/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 603.0905, F.S. to determine penalty liability)
5. 1855 Griffin Rd, 6. 600 Brickell Ave
(Street Address of Principal Office) (Mailing Address)
Suite B354 Suite 1900
Dania Beach, FL 33004 Miami, FL 33131
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Rd
Plantation, Florida 33324
(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.

Stephanie Boehm
Service Manager

(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:
<u>Member</u>	<u>Justice Funds, LLC</u>		
	<u>600 Brickell Ave, Suite 1900</u>		
	<u>Miami, FL 33131</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.

(Signature of an authorized person)

Craig Siinema

Typed or printed name of signee

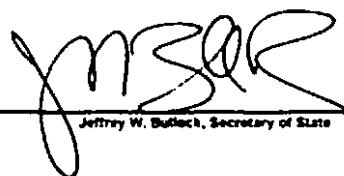
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLOBAL CLAIM ADVISORS 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 FOURTH DAY OF FEBRUARY, A.D. 2019.

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



Jeffrey W. Bullock, Secretary of State

7096168 8300

SR# 20190715187

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

Authentication: 202196973

Date: 02-04-19

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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1855 Griffin Rd,
(Street Address of Principal Office)
Suite B354
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6. 600 Brickell Ave
(Mailing Address)
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Miami, FL 33131

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Name: CT Corporation System
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Stephanie Boehm
Service Manager


(Registered agent's signature)

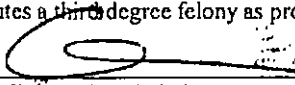
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Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Justice Funds, LLC 600 Brickell Ave, Suite 1900 Miami, FL 33131		

(Use attachments if necessary)

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Signature of an authorized person
Craig Sienema
Typed or printed name of signee

Delaware

The First State

Page 1

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7096168 8300

SR# 20190715187

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.

Authentication: 202196973

Date: 02-04-19