From: Comorate Paralegals

Division of Corporations



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(((H210002954343)))



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Account Number: 072720000266

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: awalker@walkerclaims.net

Foreign Limited Liability Company WALKER CLAIMS INVESTIGATIONS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

WALKER CLAIMS I	NVESTIGATIONS, LLC				
(Name of Foreign	NVESTIGATIONS, LLC Limited Liability Company; must include "Limite	ed Liability Comp	any," "L.L.C.," or "LLC.")		
sanc unavailable, erger alternate	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Lamited Liabil	ity Company," "L.L.C," or "	
DELAWARE		APP	LIED		
(Jurisciction under the law of which foreign limited liability company is organized)		3	3. (FEI number, :f applicable)		
			(Charles)	, as parameter	
	(Date first transacted business in Florida, if prior to (See sections 605 0004 & 605 0005, F.S. to determ	registration.)		_	
COSS PRINTALL COS					
5077 FRUITVILLE R	• • • • •		5077 FRUITVILLE ROAD 6. (Mailing Address)		
cct Address of Principal Office)		(1	Mailing Address)		
SUITE 109-172		SUIT	SUITE 109-172		
SARASOTA, FL 342	SARASOTA, FL 34232		SARASOTA, FL 34232		
	-,,-				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT anamete	de La V	. 22	
rume and <u>affect addre</u>	so or roman registered agent. (F.O. 50x	. <u>NOT</u> accepia	ioie)	. 중	
	CR CCC CORP. WITH CCC. F. C. F			1	
Name:	CROSS STREET CORPORATE SER	VICES, LLC			
	200 001 771 00 1107		•	. 3	
Office Address:	200 SOUTH ORANGE AVENUE			. 6	
	A.D.AGODA			30	
	SARASOTA		34236 , Florida		
	(Crty)		(Zip code)	_	

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.

(Registered agents signature)
Zachary B. Buffington, As its Vice President

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
■Manager	Name: AMY B. WALKER	□Manager	Name:	
⊡Member	Address: 5077 FRUITVILLE ROAD	□Member	Address:	
□ Authorized	SUITE 109-172	□Authorized		
Person	SARASOTA, FL 34232	Person		
Other	Other	Other	·	□Other
□Manager	Name:	□Manager	Name:	
∐Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	_ _	□Other
□Manager	Name:	□Manager	Name:	·
□Member	Address:	□Member	Address:	
∐Authorized		□Authorized		
Person		Person	 	
□Other	□Other	□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

AMP
U Signature of en authorized person

AMY B. WALKER, As its Authorized Person

Typed or printed name of signee

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "WALKER CLAIMS INVESTIGATIONS, 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALKER CLAIMS INVESTIGATIONS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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

6118058 8300 SR# 20212830494

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

Juffrey W. Bullock, Socretary of State

Authentication: 203788929

Date: 07-28-21