

9/3/20 P210000783
Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Handwritten signature and date: 9/3/21

2021-09-03 11:03:25

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Thomas Miller Claims Management (USA) Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Thomas Miller Claims Management (USA) Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>3 Grainger</u> <u>Prestwick Park</u> <u>Newcastle-upon-Tyne, NE20 9SJ, United Kingdom</u>	Mailing address, if different is: <hr/> <hr/> <hr/>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Claims management activities, including: (1) providing advice on disputes, liabilities and loss prevention, (2) casualty response, coordination and investigation worldwide, and (3) medical case management and pre-employment screening to the marine, cruise and transport industries and all lawful activity that that may be engaged in by a corporation under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of Common Stock, \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert Nicky Cowans - Director, Vice President, Secretary & Treasurer</u> Address: <u>The South Lodge</u> <u>Morpeth</u> <u>Northumberland NE61 3LN. UK</u>	Name and Title: <u>Peter Anthony Jackson - Director & President</u> Address: <u>3 Grainger</u> <u>Prestwick Park</u> <u>Newcastle-upon-Tyne, NE20 9SJ. UK</u>
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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE FL
 711 210

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324.

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Buckalew
 Address: c/o Blank Rome LLP, One Logan Sq., FL 9
Philadelphia, PA 19103

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: C T Corporation System *Stephanie Hencz* Stephanie Hencz, 09/03/2021
Assistant Secretary _____
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Carol Buckalew _____ 9/3 /2021
 Required Signature/Incorporator Date