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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
9/3/21

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

Email Address: _____

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2021-09-03 12:25

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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TALLAHASSEE, FL

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

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

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
3 Grainger
Prestwick Park
Newcastle-upon-Tyne, NE20 9SJ, United Kingdom

ARTICLE III PURPOSE Claims management activities, including: (1) providing advice on
The purpose for which the corporation is organized is: 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 100 shares of Common Stock, \$1.00 par value
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Robert Nicky Cowans - Director, Vice President, Secretary & Treasurer Peter Anthony Jackson - Director & President
Name and Title: Address: The South Lodge Morpeth Northumberland NE61 3LN, UK
3 Grainger
Prestwick Park
Newcastle-upon-Tyne, NE20 9SJ, UK
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address:

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TALLAHASSEE FL

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
Required Signature/Registered Agent Assistant Secretary 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