

Filing Fee: \$150.00

ID Number: 45-1619710



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Trident Claims Management, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of South Carolina

4. The date of its organization is 4/12/2011

5. The period of duration of the limited liability company is (if perpetual, so state) 12/31/2061

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Boulevard

Warwick, RI

02888

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is National Corporate Research, Ltd.

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

88 A Main Street

Hilton Head Island

SC

29926

9. The mailing address for the limited liability company is:

PO Box 8066

Hilton Head Island

SC

29938

**FILED**

MAY 19 2011

By DS 10:33  
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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
MAY 19 AM 10:33

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. *(If you have checked this box, go to item no. 11.)*

**or**

B. The limited liability company is to be managed  by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

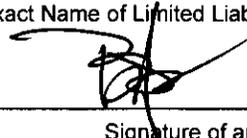
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 4/25/2011

**Trident Claims Management, LLC**

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

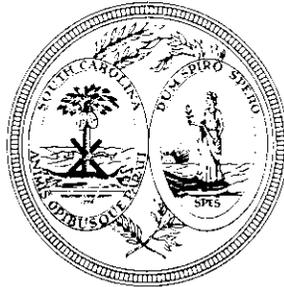
Trident Claims Management, LLC  
List of Member/Managers:

Brian L. Hover  
88 A Main St.  
Hilton Head Island, SC 29926

David L. Hover  
1521 Alton Rd. # 357  
Miami Beach, FL 33139

Brian C. Stahl  
2501 Lakepoint Dr.  
Keller, TX 76248

# *The State of South Carolina*



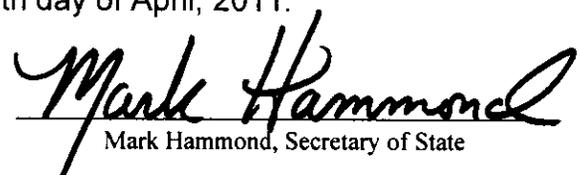
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

TRIDENT CLAIMS MANAGEMENT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 12th, 2011, with a duration that is until December 31st, 2061, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
14th day of April, 2011.

  
Mark Hammond, Secretary of State



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

