

F 150 0000 7905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

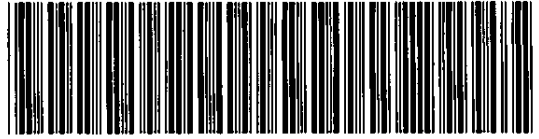
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
OFFICE OF THE CLERK
15 SEP -3 PM 4:29
TO BE APPROVED
BY THE CLERK OF THE
SUFFICIENT OF FILING

FILED
15 SEP -3 AM 6:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 04 2015

J SHIVERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 772581 7484341
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : September 2, 2015
ORDER TIME : 3:34 PM
ORDER NO. : 772581-025
CUSTOMER NO: 7484341

FOREIGN FILINGS

NAME: HEALTH ADVOCATE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Health Advocate, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware _____ 3. 23-3080019 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 9, 2001 _____ 5. perpetual _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11808 Miracle Hills Drive, Omaha, NE 68154 _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company _____

Office Address: 1201 Hays Street _____

Tallahassee _____, Florida 32301 _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company
By: _____
(Registered agent's signature)

Courtney Williams
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director: Jan D. Madsen

Chairman: _____

Address: 11808 Miracle Hills Drive

Omaha, NE 68154

Vice Chairman: _____

Address: _____

Director: Thomas B. Barker

Address: 11808 Miracle Hills Drive

Omaha, NE 68154

Director: Nancee R. Berger

Address: 11808 Miracle Hills Drive

Omaha, NE 68154

B. OFFICERS

President: Michael E. Mazour

Address: 11808 Miracle Hills Drive

Omaha, NE 68154

Vice President: Michael J. Cardillo

Address: 11808 Miracle Hills Drive

Omaha, NE 68154

Secretary: David C. Mussman

Address: 11808 Miracle Hills Drive, Omaha, NE 68154

Treasurer: Jan D. Madsen

Address: 11808 Miracle Hills Drive, Omaha, NE 68154

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DEPT OF STATE
MILWAUKEE, WISCONSIN

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. David C. Mussman, Secretary

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH ADVOCATE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH ADVOCATE, INC." WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 2001.

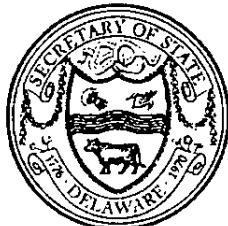
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

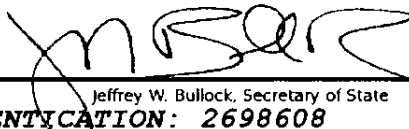
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
15 SEP - 3 AM 6:59
SECRETARY OF STATE
JAMES HASSI III
LORIDA

3379029 8300

151250264




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2698608

DATE: 09-02-15