

WorkUp

66 Pearl Street ▲ P.O. Box 7466 ▲ Portland, ME 04111 ▲ (207) 756-1115 ▲ Fax (207) 756-7503

June 15, 2000

Florida Department of State
Registration Section
Division of Corporations
409 E. Gains Street
Tallahassee, FL 32399

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-06/23/00--01089--005
****125.00 ****125.00

RE: Registration of WorkUp, LLC, as a Foreign Limited Liability Company

Dear Registrar:

Pursuant to s.608.503(1), Florida Statutes, please find the following:

- current certified certificate of existence for WorkUp, LLC
- check for \$125 for the filing fee and designation of registered agent
- completed and executed application for registration of WorkUp, LLC
- completed and executed Licensed Registered Agent form

Please call me toll-free at 877-496-7587 if you have questions or need additional information.

Thank you,

Pam Hersey
Pamela R. Hersey
Market Analyst

Encl: 4

FILED
00 JUN 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SL

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. WorkUP, LLC
(Name of foreign limited liability company)

2. Maine
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 01-0518346
(FEI number, if applicable)

4. May 20, 1998
(Date of Organization)

5. "Perpetual"
(Duration: Year limited liability company will cease to
exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. WorkUP, LLC
66 Pearl Street, Suite 301 Portland ME 04101
(Street address of principal office)

8. If limited liability company is a ^{member-} manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

CEO: Managing member - Pamela Jean Saunders
66 Pearl Street Suite 300-301
Portland ME 04101

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: manage short and
long term disability claims and life waiver premium claims for
licensed insurers.

X
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Pamela Jean Saunders
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WorkUp, LLC

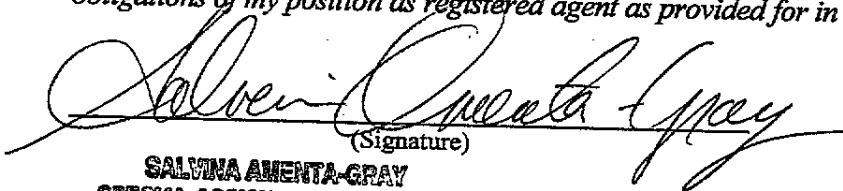
2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


(Signature)

**SALVIA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
00 JUN 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that WORKUP, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is May 20, 1998.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this fourteenth day of June 2000.





DAN GWADOSKY
Secretary of State