

M05000004928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

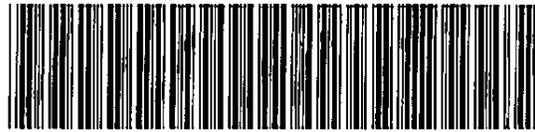
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 580763 5048595
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 125.00

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ORDER DATE : September 6, 2005
ORDER TIME : 3:48 PM
ORDER NO. : 580763-005
CUSTOMER NO: 5048595

CUSTOMER: Ms. Deborah L. McMennamy
Affiliated Computer Services,
2828 North Haskell Ave.
Building 1, Floor 9
Dallas, TX 75204

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FOREIGN FILINGS

NAME: ACS FEDERAL HEALTHCARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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

FILED
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TALLAHASSEE, FLORIDA

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

1. ACS Federal Healthcare, LLC
(Name of Foreign Limited Liability Company)
2. Delaware 3. 86-1131395
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 1, 2005 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 9040 Roswell Road, Suite 700
Atlanta, GA 30350
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

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

William L. Deckelman, Jr. (Sole Manager), 2828 N. Haskell Ave., Dallas TX 75204

SEE ATTACHED LIST OF OFFICERS

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: Government

contracting with the Department of Labor.

Wayne R. Lewis
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.)
Wayne R. Lewis, Vice President and Assist. Secy

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:

ACS Federal Healthcare, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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, Florida Statutes.

Corporation Service Company

By:

Carla Lohi

(Signature)

Carla Lohi

Asst. Vice President

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

ATTACHMENT TO ACS FEDERAL HEALTHCARE, LLC

OFFICER TITLE	NAME	ADDRESS
President	Tom Burlin	1800 M Street, N.W. Suite 800 Washington, DC 20036
Executive Vice President	Harvey Braswell	9040 Roswell Suite 700 Atlanta, GA 30350
Vice President and Secretary	William L. Deckleman, Jr.	2828 N. Haskell Dallas, Texas 75204
Senior Vice President- Operations and Managing Director	John Crysler	9040 Roswell Suite 700 Atlanta, GA 30350
Vice President	John H. Rexford	2828 N. Haskell Dallas, Texas 75204
Vice President-Real Estate	David Jarrett	2828 N. Haskell Dallas, Texas 75204
Senior Vice President-Licensing	Van Johnson	2828 N. Haskell Dallas, TX 75204
Mike McKenzie	Vice President and Chief Operating Officer	9040 Roswell Suite 700 Atlanta, GA 30350
Treasurer	Nancy Vineyard	2828 N. Haskell Dallas, Texas 75204
Vice President and Assistant Secretary	Wayne R. Lewis	2828 N. Haskell Dallas, Texas 75204
Assistant Secretary	Cynthia L. Hageman	2828 N. Haskell Dallas, Texas 75204
Vice President-Licensing	C.J. Ortega	2828 N. Haskell Dallas, Texas 75204
SOLE MANAGER		
	William L. Deckelman, Jr.	2828 N. Haskell Dallas, Texas 75204

Delaware

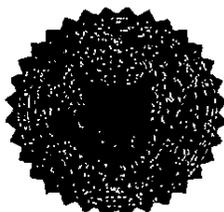
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACS FEDERAL HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACS FEDERAL HEALTHCARE, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4136321

DATE: 09-06-05

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