

Document Number Only

M970000000127

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

Automated Reimbursement Service, L.L.C.

900002116729--2

-03/18/97--01118--012

() Merge 40.00 ***140.00

() Profit

() NonProfit

() Amendment

☒ Limited Liability Company

☒ Foreign

() Dissolution/Withdrawal

() Mark

() Limited Partnership

() Reinstatement

() Limited Liability Partnership

() Certified Copy

() Annual Report

() Reservation

() Photo Copies

() Other

() Change of R.A.

() Fictitious Name

() CUS

() Call When Ready

☒ Walk In

() Mail Out

() Call if Problem

() Will Wait

() After 4:30

☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S) FILE STAMPED

3/14/97

1. TAX

FILING

2. AGENT FEE

3. COPY

TOTAL

4. BANK

BALANCE DUE

RECEIVED

105.00

35.00

140.00

140.00

140.00

140.00

140.00

140.00

97 MAR 14 PM 12:45

97 MAR 14 AM 11:14

97 MAR 14 PM 12:45

CR2E031 (1-89)

BK

3/14/97

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN 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:

RECEIVED
MAR 14 1997
PM 12:45
STATION

1. Automated Reimbursement Service L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4082528
(FEI number, if applicable)
4. 4/19/96
(Date of Organization)
5. 12/31/2050
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida.)
7. 640 N. LaSalle Street, Suite 640
Chicago, Illinois 60610
(Street address of principal office)
8. C T CORPORATION SYSTEM
(Name of the registered agent of foreign limited liability company)
9. c/o C T CORPORATION SYSTEM, 1200 South Pine Island Road,
Plantation, Florida 33324
(Florida registered office address)
10. Name(s), title, and business address(es) of managing member(s) [MGRM] or manager(s) [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)
Alan K. Swift [Manager]
640 N. LaSalle Street, Suite 640
Chicago, Illinois 60610

3/7/97
(Date)

Man K Smit
(Signature of a Member or Authorized
Representative of a member)

SECRET
DIVISION OF CORPORATIONS
97 MAR 14 PM 12:45

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated foreign limited liability company at the place designated in this certificate pursuant to the provisions of section 608.507, Florida Statutes, 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.

C T Corporation System

By: James M. Halpin
(Signature)

MARCH 11, 1997
(Date)

JAMES M. HALPIN,
(Type Name of Officer)

ASST. SECRETARY
(Title of Officer)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS
OF FOREIGN LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of _____

Automated Reimbursement Service, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 300,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 . This cash total includes amounts from 2 and 3 above.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 300,000 . This total includes amounts from 2 and 3 above.

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CORPORATIONS
JAN 14 1995
PH 12:45

Alan K. Swift

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

File Number 0006589-7

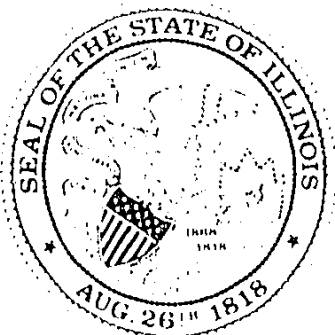


97 MAR 14 PM 12:45
SECRETARY OF STATE
DIVISION OF

To all to whom these Presents Shall Come, Greeting

J. George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that

AUTOMATED REIMBURSEMENT SERVICE L.L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 19, 1996,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this 12TH
day of MARCH A.D. 19 97

George H. Ryan
SECRETARY OF STATE