18 00000 138V

October 27, 1998

Florida Department of State Registration Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

According to your instructions for registering a foreign limited liability company, I have enclosed the following:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Affidavit of Membership and Contributions of Foreign Limited Liability Company
- Certificate of Designation of Registered Agent/Registered Office
- Check for \$285 payable to the Florida Department of State covering filing and designation of registered agent fees

Should you need to contact me, please write to:

Hillary Nelson THESCO Benefits, LLC 320 West 57th Street, 5th Floor New York, NY 10019 Daytime Phone: (212) 603-0329

Name 10/30/98 Thank you for your attention to this matter. DUC Examiner Updaincerely, Updater DOC DCC Acknowledgement Hillary Nelson DCC W. P. Verifyer

n98000001384

An affiliate of Tanenbaum-Harber Co., Inc. • 320 West 57th Street, New York, NY 10019 • Tel: 212-603-0200 • Fax: 212-399-0227

278000024649



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 30, 1998

HILLARY NELSON THESCO BENEFITS, LLC 320 WEST 57TH STREET, 5TH FLOOR NEW YORK, NY 10019

SUBJECT: THESCO BENEFITS, LLC

Ref. Number: W98000024649

We have received your document for THESCO BENEFITS, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list Managers or Managing Members in section 8. Not Officers.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 798A00053216

Could and advised that they had the wrong cert.

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

	THESCO BE	NEFITS, LLC	• • • • • • • • • • • • • • • • • • •	
	(Na	me of foreign limit	ed liability company)	
	NEW YORK	3.	13-3921260	
risdic upan	ction under the law of which foreign li y is organized)	imited liability	(FEI number, if app	olicable)
	12/9/96	 5.	Perpetual	.o =
	(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	ompany will cease
	3/21/98		zions 608.501, 608.502, and 817.15	2 %
	(Date first transacted business	in Florida. (See sec	tions 608.501, 608.502, and 817.15	5, F.S.)
	320 West 57th Street	, 5th Floor		
	320 West 57th Street New York, NY 10019	, 5th Floor		08 A 10 No
nan	New York, NY 10019	(Street address of pr	incipal office)	32 NS
nar ma	New York, NY 10019	(Street address of pr	incipal office) member[MGRM] or manager orida: (attach additional page i	[MGR]who f necessary)
nan ma	New York, NY 10019 ne, title, and business address of nage the foreign limited liability	(Street address of profession	incipal office)	32 NS
nan ma	New York, NY 10019 ne, title, and business address of nage the foreign limited liability NAME & ADDRESS: Richard J. Fleder	(Street address of profession of each managing company in Floratte:	incipal office) member[MGRM] or manager orida: (attach additional page i NAME & ADDRESS:	[MGR]who f necessary)
nan ma	New York, NY 10019 ne, title, and business address of nage the foreign limited liability NAME & ADDRESS: Richard J. Fleder 320 West 57th Street	(Street address of profession of each managing company in Floratte:	incipal office) member[MGRM] or manager orida: (attach additional page i NAME & ADDRESS:	[MGR]who f necessary)
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member ofTHESO	20
BENEFITS, LLC certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>-0-</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$0;
4) the total amount of cash and property contributed and anticipated to be contribute by member(s) is (This total includes amounts from 2 and 3 above.)	ed \$ 750,000
Signature of a member or an authorized representative of a me (In accordance with section 608.408(3), Florida Statutes, the execution of the affidavit constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)	is
RICHARD T. FLEDER	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

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.

. The name,	of the limited liability company is: THESCO BENEFITS, LI
	•
The name :	and the Florida street address of the registered agent are:
	CorpAmerica, Inc.
	Name
	1525 South Andrews Avenue, Suite 216
	Florida street address (P. O. Box NOT ACCEPTABLE)
	Fort Lauderdale 33316
	CITY, STATE AND 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.

SIGNATURE

Alison Kochie/Asst. Secretary

Filing Fee: \$ 35 for Designation of Registered Agent

State of New York Department of State | ss:

I hereby certify, that THESCO BENEFITS, LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 12/09/1996, and that the limited liability company is subsisting so far as shown by the records of the Department.

A Certificate of Affidavit of Publication of THESCO BENEFITS, LLC was filed on 03/10/1997.

A Certificate of Affidavit of Publication of THESCO BENEFITS, LLC was filed on 03/10/1997.

The limited liability company has filed proofs of publication under section 206 (c) of the Limited Liability Company Law.

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of November one thousand nine hundred and ninety-eight.

**Special Departy Secretary of State MENT

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