

F010600002579⁶

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

AON CONSULTING

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CLIFFORD G LONG

(Name of Person)

AON CONSULTING

(Firm/Company)

300004033083--6

-04/19/01--01081--004

*****70.00 *****70.00

99 HIGH ST

(Address)

was 1-9227

BOSTON, MASS 02110

(City/State and Zip code)

For further information concerning this matter, please call:

CLIFFORD G LONG

(Name of Person)

at (617) 457-4601

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

FILED
01 MAY 15 AM 7:06
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

unth
5/15



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 24, 2001

CLIFFORD G LONG
99 HIGH ST.
BOSTON, MA 02110

SUBJECT: AON CONSULTING INC
Ref. Number: W01000009227

We have received your document for AON CONSULTING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on line 1 of the application should match the name on the certificate.,

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 701A00024258

FILED

01 MAY 15 AM 7:56

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Clifford G. Long, do hereby certify
(Name)

that this Resolution of the Board of Directors of

Aon Consulting, Inc.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Massachusetts

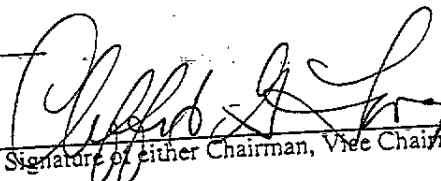
was duly adopted on September 15, 1978

Be it resolved, that Aon Benefit Services, Incorporated
(Corporate Name)

organized and existing in the State of Massachusetts, hereby adopts the name

Aon Benefits Services, Inc.
for use in Florida

Dated: 5/10/01


Signature of either Chairman, Vice Chairman or any officer

Clifford G. Long
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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.

1. Aon Consulting Inc
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MASSACHUSETTS 3. 04-3169760
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 99 HIGH ST BOSTON, MASS 02110
(Principal office address)
99 HIGH ST BOSTON, MASS 02110
(Current mailing address)
8. INSURANCE BROKERING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: RICHARD KLIMA
Office Address: 7650 W. Courtney Campbell Swy Suite 1000
Tampa, Florida 33607-1462
(City) (Zip code)

10. 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.

Richard Klima
(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CLIFFORD G LONG

Address: 99 HIGH ST

BOSTON, MASS

Vice President: STEVE VASCONCELLOS

Address: 99 HIGH ST 1

BOSTON, MASS

Secretary: CAROL McKEEN

Address: 99 HIGH ST BOSTON MASS

Treasurer: N/A

Address: _____

FILED
01 MAY 15 AM 7:55
SECRETARY OF STATE
TREASURY DIV.

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CLIFFORD G LONG

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

March 2, 2001

To Whom It May Concern:

I hereby certify that the records of this office show that

AON CONSULTING, INC.

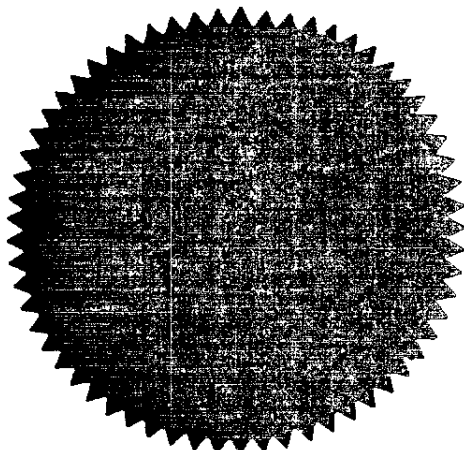
a corporation organized under the laws of New Jersey on **September 15, 1978** was qualified to

do business in this Commonwealth on **July 5, 2000** under the provisions of Massachusetts

General Laws , Chapter 181, Section 4, and I further certify that said corporation is still qualified

to do business in this Commonwealth.

FILED
01 MAY 15 AM 7:56
SECRETARY OF THE COMMONWEALTH
WILLIAM F. GALVIN



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth