Florida Department of State

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Division of Corporations .

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FOREIGN PROFIT/NONPROFIT CORPORATION

Trinity Consulting, Inc.

Certificate of Status	0
Certified Copy	1
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6/5/2007

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

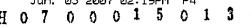
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ı			ulting, Inc.					
	(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	(ED	," "COMPANY," "COR	PORATION,	n			
	Trinity Benefits Consulting, Inc.							
	(If name unavailable in Florida, enter alternate corporate r	ıame	adopted for the purpose	of transacting	business in Florid	ia)		
2.	North Carolina	3.	56-2246184					
	(State or country under the law of which it is incorporated))	(FEI nus	nber, if applic	able)			
4.	March 30, 2001	_ 5.	Perpetual					
	(Date of incorporation)		(Duration: Year corp.	will cease to c	xist or "perpetual	")		
6.				 				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6				n)			
_	•		Charlotte		28203		٠.	
7.	1001 Morehead Square Drive Suite 402 (Principal office	c ad			20203			
1001 Morehead Square Drive Suite 402 Charlotte NC 25203 (Current mailing address)								
8.	Provision of Insurance.		******			 (~ >	
	(Purpose(s) of corporation authorized in home state	or c	country to be carried out is	n state of Flori	ida)	AEI AEI	(0)	
9.	. Name and atreet address of Florida registered agent:	(P.	O. Box. NOT acceptable	e)		CRE	2007 JUN -	aro
	Name: Capitol Corporate Services, Inc.					RETARY AHASSI	=	romating et
_						3SE Ya	ပ် _ာ	in the second
O	ffice Address: 155 Office Plaza Dr., Suite A					ÜΘ	70	F
	Tallahassee		, Florida 32301			ES:		
	(City)		(Zip c	ode)		STATE	PM 12: 46	, Marrier
	0. 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							
	esignated in this application, I nercly accept the app wither agree to comply with the provisions of all state							
	and I am familian with and account the abliquelous of a							

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.

H 0 7 0 0 0 1 5 0 1 3

12. Names and business addresses of officers and	d/or directors:	
A. DIRECTORS		•
Сһаітпяп:	· · · · · · · · · · · · · · · · · · ·	
Address:		
4		
Vice Chairman:	· · · · · · · · · · · · · · · · · · ·	
Address:		
Director: Aten H, Wise	•	
Address: 1001 Morehead Square Suite 402		
Charlotte	NC	28203
Director: Tamara H. Wise		
Address: 1001 Morehead Square Suite 402		
	NC	28203
B. OFFICERS		
President: Alan H. Wise	,	:
Address: 1001 Morehead Square Suits 402		
Charlotte	NC	28203
Vice President: Harry Floyd, Hal Guice, Charles Wim		
Address: 1001 Morehead Square Suite 402		
Charlotte	NC	28203
Secretary:		
Address:		
Tréasurer:	,	
Address:		
NOTE: If necessary, you may attach an addend	him to the applicati	on listing additional officets and/or directors.
13	Oec !! 3 !	the Continue of the state of th
• •		mber (2.01 the application)
14. Alan H. Wise (Typed or printed name		sident





NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TRINITY CONSULTING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of March, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Certification# 86755227-1 Reference# 8652193-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of May,

Ölaine I. Marshall Secretary of State