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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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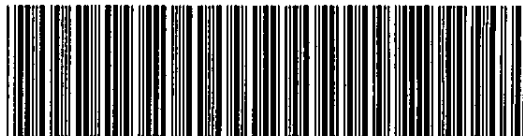
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

9/24/08

COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: The Employer Group, Inc.
(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:

Jessica M. Kramer

(Name of Person)

The Employer Group, Inc.

(Firm/Company)

P.O. Box 44759

(Address)

Madison, WI 53744-4759

(City/State and Zip code)

For further information concerning this matter, please call:

Jessica M. Kramer

(Name of Person)

at (800) 406-9675

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. The Employer Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

The Employer Group of Wisconsin
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-1825035
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 20, 1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 351 Prairie Heights Drive, Verona, WI 53593
(Principal office address)

P.O. Box 44759, Madison, WI 53744-4759
(Current mailing address)

8. provision of professional employer (employee leasing) services
(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 NOT acceptable)

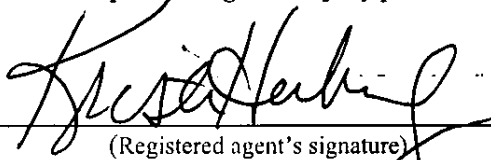
Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324
(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.


(Registered agent's signature)

Kristine Heiberger
Assistant Secretary
CT Corporation System

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.

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

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DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: NONE 08 SEP 24 PM 1:57

Address: _____

Vice Chairman: NONE

Address: _____

Director: Angela M. Heim

Address: 10847 Blue Mountain Avenue
Blue Mounds, WI 53517

Director: _____

Address: _____

B. OFFICERS

President: Angela M. Heim

Address: 10847 Blue Mountain Avenue
Blue Mounds, WI 53517

Vice President: NONE

Address: _____

Secretary: Eric A. Lowry

Address: 5877 Roanoke Drive, Madison, WI 53719

Treasurer: Angela M. Heim

Address: 10847 Blue Mountain Avenue, Blue Mounds, WI 53517

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

13. Eric A. Lowry

(Signature of Director or Officer listed in number 12 of the application)

14. Eric A. Lowry, Secretary and Controller

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

DOM
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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

THE EMPLOYER GROUP, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 20, 1995.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on September 9, 2008.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: Patricia Weber



Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.