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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
BEACON LABORATORY BENEFIT SOLUTIONS, INC.**

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# FAX

**To: DIVISION OF CORPORATIONS**

Company:

Fax: 8506176381

Phone:

**From: Jeanine Reynolds**

Fax:

Phone: (850) 521-0821x2933

E-mail: jreynold@cscinfo.com

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**NOTES:**

**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. BEACON LABORATORY BENEFIT SOLUTIONS, INC.

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

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

2. DELAWARE

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 12-17-2010

(Date of incorporation)

5. PERPETUAL

(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. 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

(Principal office address)

531 SOUTH SPRING STREET, BURLINGTON, NC 27215

(Current mailing address)

8. Engage in any lawful business permitted under the laws of the State of Delaware

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*

Corporation Service Company

By: Aynthia M. Stroub ASST SECRETARY  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JAMES T. BOYLE, JR.

Address: 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

Director: WILLIAM B. HAYES

Address: 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

**B. OFFICERS**

President: PAUL CONLIN

Address: 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

Vice President: WILLIAM B. HAYES

Address: 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

Secretary: SANDRA D. van der VAART

Address: 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

Treasurer: WILLIAM B. HAYES

Address: 531 SOUTH SPRING STREET, BURLINGTON, NC 27215

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

13. Sandra D. van der Vaart

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Sandra D. van der Vaart, Secretary

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

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BURLINGTON, NC

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON LABORATORY BENEFIT SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEACON LABORATORY BENEFIT SOLUTIONS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

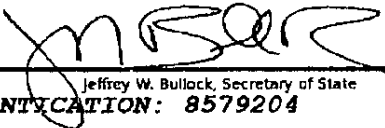
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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8579204

DATE: 02-23-11