# F12000003875

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

W12-44610



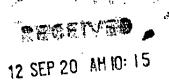
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2012

DANIEL V. O'LEARY, JR. MANDELL MENKES LLC ONE NORTH FRANKLIN, #3600 CHICAGO, IL 60606

SUBJECT: ADULTS & CHILDREN'S RISK PURCHASING GROUP, INC.

Ref. Number: W12000044610

We have received your document for ADULTS & CHILDREN'S RISK PURCHASING GROUP, 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):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 912A00021968

#### **COVER LETTER**

TO: New Filing S Division of G	Section Corporations					
SUBJECT:		s Risk Purchasing G	roup, Inc.			
Dear Sir or Madam:						
"Certificate of Exister		anding" and check are subm	tion to Conduct its Affairs in Florida atted to register the above referenced			
Please return all corre	spondence concerning this ma	tter to the following:				
	Da	niel V. O'Leary, Jr.				
		Name of Person				
	Ма	ndell Menkes LLC				
	- Ivia	Firm/Company				
	One N	North Franklin, #3600				
		Address				
,		Address				
	С	hicago, IL 60606				
		y/State and Zip Code	, , , , , , , , , , , , , , , , , , ,			
		,				
	anaapala@nays mail address: (to be used for fi	scompanies.com	ion)			
<b>L</b>	man address. (to be ased for it		1011)			
For further informatio	n concerning this matter, pleas	se call:				
	Haapala at (	612 ) 347 Area Code & Daytime Tel	-8313			
Name	e of Person	Area Code & Daytime Tel	ephone Number			
MAILING A			URIER ADDRESS:			
New Filing Se Division of Co		New Filing Section Division of Corporations				
P.O. Box 632		Clifton Building				
Tallahassee, F	TL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
m 1 11 1 1 2 2		rananassee, F	L 34301			
Enclosed is a check fo	or 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 &			

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	Adults	& Children's Risk Purch	ising Grou	ip, Inc.			
(Name of corpo import in langu in the name at	oration: must include the word " inge as will clearly indicate that present. "Company" or "Co." ma	INCORPORATED" or "on the second of the secon	ORPOR of a naturate star	ATION" or words or abbrevi- ral person or partnership if no by a nonprofit corporation.)	ations of like of so contained		
2.	Illinois intry under the law of which it is	3		80-0809188			
(State or cou	intry under the law of which it is	Incorporated)	(FE	i number, if applicable)			
4.	April 19, 2012 Date of Incorporation)	5.		Perpetual			
(1	Date of Incorporation)	(Durat	ion: Year	corp. will cease to exist or "p	perpetual")		
6. (Date first cond	nucled affairs in Florida If prior to	registration. See sections	17.1301 6	& 617. [502, F.S. to determine	penalty liability	v.)	
7		th Franklin, #3600, Chic			, , ,		
***		(Principal office add	ress)				
	One Nor	th Franklin, #3600, Chlo	go, IL 60	606			
		(Current mailing ac	(dress)				
8. Operate as trade association to have power to purchase liability insurance for members.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System						12 SEP 20	lâi ban Tă Î
Office Address:	1200 South Pine Island Road				E III	PH 12: 2	
	Plantation, (City)	, Flori	da	33324	<u>5. F.</u> □ m.	$\sim$	•
	(City)		·	(Zip Code)	, 35.	.~_3	
Having been na designated in th further agree to and I am familio	agent's acceptance: med as registered agent and is application, I hereby accept comply with the provisions of ar with and accept the obligation  Off Corporation S	of the appointment as of all statutes relative to tions of my position a system	registered o the pro register \\ \A!\\	the above stated corporated agent and agree to act in per and complete performed agent.  Aichele Miller istant Secretar	i this capacity nance of my d	v. I Juties,	
B	A: WARAMAY	Registered agent's sig	nature)		•		

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 addresses of officers and/or directors:

#### A. DIRECTORS

Chairman; Daniel V. O'Leary	
Address: One North Franklin, #3600	
Chicago, IL 60606	
Vice Chairman:	
Address:	
-	
Director: Bruce N. Menkes	
Address: One North Franklin, #3600	
Chicago, IL 60606	
Director: Stephen T. Lerum	
Address: 80 South 8th Street, Suite 700	
Minneapolis, MN 55402	
B. OFFICERS	720
President: Daniel V. O'Leary, Jr.	70 P
Address: One North Franklin, #3600	
Chicago, IL 60606	5 N
Vice President:	
Address:	
Secretary: Bruce N. Menkes	
Address: One North Franklin, #3600, Chicago, IL 60606	
Treasurer: Stephen T. Lerum	
Address: 80 South 8th Street, Suite 700, Minneapolis, MN 55402	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of th	e application)
14. Stephen T. Lerum	
(Typed or printed name and capacity of person signing application	1)

File Number

6830-135-1



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADULTS & CHILDREN'S RISK PURCHASING GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 19, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1223300818

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

**AUGUST** 

In Testimony Whereof, I hereto set

20TH

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE