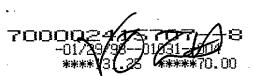
## F98000000540

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS



SUBJECT: J I Specialty Services, I'm	
(Name of corporation - must include suffix)	
Dear Sir or Madam:       70002415707\$         ****131.25       ****131.25	
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:	
Samuel Francis  (Name of Person)  JI Specialty Services, Inc  (Firm/Company)  9420 Research Blud, Ste 300  (Address)  Austin TX 78759  (City, State and Zip Code)	-
Should you need to call someone concerning this matter, please call:	
Marcy Hamlen at (800) 580-5477 .Ext 361 (Name of Person) Area Code & Daytime Telephone Number	

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 January 26, 1998

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Foreign Corporation Registration

Dear Sir;

On behalf of JI Specialty Services, Inc., a third party administrator in Texas, enclosed are the required documents to register as a foreign corporation in Florida.

Transmittal Letter A check for \$131.25 Application by a Foreign Corporation Original Certificate of Existence

I understand a letter of acknowledgment will be issued free of charge to this organization upon completion of the registration. If additional information is required, please call 1-800-580-5477, ext. 361, for assistance.

Sincerely;

Marcy Hamlen

Marcy Hamlur

Licensing and Compliance

## 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.   [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. Texas (State or country under the law of which it is incorporated)  4. Nov. 7, 1986 (Date of Incorporation)  5. Per petual (Duration: Year corp. will cease to exist or "perpetual")
6. None (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) So
7. 9420 Research Blud Swite 300
8. Third Party Administration of fully insured self funded group health (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) graculates
9. Name and street address of Florida registered agent:
Name: Corporation Service Company Office Address: 1201 Hays Street
Office Address: 1201 Hays Street
Tallahassee FL - 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

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\*\*

Registered agent's signature)
By Brian Courtney, Asst. V.P.

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: (Street address ONLY- P. O. Box NOT acceptable)
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)
Chairman: William I. Martin Jr.
Address: 2803 Hatley
Austin TX 78746
Vice Chairman: Francis J. Fey
Address: 2209 Trail of the Madrones
Austin TX 78746
Director:
Address:
Director:
Address:
B.OFFICERS (Street address only- P. O. Box NOT acceptable) Security
President: Francis J, fey
Address: 2209 Trail of the madrones
Austin TY 78746
Vice President: Martha King
Address: 7500 Clematis Cove 9
Austin TX 78750
Secretary: Samuel D. Francis
Address: 11 Sugar Creek Dr.
Austin TX 78746
Treasurer: William I. Martin Jr
Address: 2803 - Hatley
AUSTIN TX '38746  NOTE: If pecessary, you may attach an addendum to the application
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. President (Signature of Chairman, Vice Chairman, or any officer listed in number
1/2 of the application)
14. Scinuel D. Francis, Exec. Vice President

## 12.B. Officers (Additional officers)

Chairman of the Board:

William I. Martin, Jr.

2803 Hatley

Austin, Texas 78746

Executive Vice President:

William I. Martin, Jr.

2803 Hatley

Austin, Texas 78746

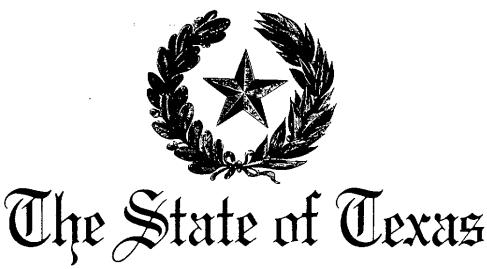
Samuel D. Francis 11 Sugar Creek Drive Austin, Texas 78746

Don C. Moore 2907 Brandy Lane

Georgetown, Texas 78628

DIVISION OF CORPORATIONS

98 JAN 29 PM 1. E.



SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

JI SPECIALTY SERVICES, INC. File No. 1016938-00 DIVISION OF CORPORATE

were filed in this office and a certificate of incorporation was issued to this corporation; and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on December 2, 1997.

Antonio O. Garza, Jr.
Secretary of State

PH