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ACCOUNT NO. : 072100000032

REFERENCE : 870918 4804661

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 125.00

ORDER DATE : October 20, 2000

ORDER TIME : 10:34 AM

ORDER NO. : 870918-010

CUSTOMER NO: 4804661

CUSTOMER: Rita Slager, Legal Assistant  
Schwartz & Freeman  
Suite 1900  
401 North Michigan Avenue  
Chicago, IL 60611-4206

300003443653--2

FOREIGN FILINGS

NAME: ELDER ADMINISTRATIVE SERVICES,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandra Mathis EXT 1165

APPROVED  
AND  
FILED  
00 OCT 30 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 30 AM 11:34  
15A ROOM 1100  
SUFFICIENCY OF FILING

*JP 10-30-00*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. ELDER ADMINISTRATIVE SERVICES, LLC  
(Name of foreign limited liability company)

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied For  
(FEI number, if applicable)

4. October 20, 2000  
(Date of Organization)

5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing of this application.  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 137 S. Pebble Beach Boulevard, Ste. 201  
Sun City Center, Florida 33573  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Aston Care Systems, Inc. - 137 S. Pebble Beach Blvd., Ste 201, Sun City Center, FL 33573

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Insurance related  
services.

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Richard Hutchinson, CFO of Aston Care Systems, Inc., Manager  
Typed or printed name of signee

APPROVED  
AND  
FILED  
00 OCT 30 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ELDER ADMINISTRATIVE SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

Richard Hutchinson

(Name)

137 S. Pebble Beach Boulevard, Ste. 201

Florida street address (P.O. Box NOT ACCEPTABLE)

Sun City Center

FL

33573

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

APPROVED  
AND  
FILED  
00 OCT 30 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELDER ADMINISTRATIVE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2000.

APPROVED  
AND  
FILED  
00 OCT 30 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Edward J. Freel, Secretary of State

3305069 8300

AUTHENTICATION: 0746783

001530252

DATE: 10-20-00

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELDER ADMINISTRATIVE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

APPROVED  
AND  
FILED  
00 OCT 30 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Edward J. Freel, Secretary of State

3305069 8300

AUTHENTICATION: 0746760

001530227

DATE: 10-20-00