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Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

CORPORATION(S) NAME

300003479773--5

-11/29/00--01047--019

\*\*\*125.00 \*\*\*125.00

Doral USA, LLC

☐ Profit  
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal  
☐ Reinstatement

☐ Mark

☐ Limited Partnership  
☒ LLC

☐ Annual Report  
☐ Name Registration  
☐ Fictitious Name

☐ Other  
☐ Change of RA  
☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready  
☒ Walk In  
☐ Mail Out

☐ Call If Problem  
☐ Will Wait

☐ After 4:30  
☒ Pick Up

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/29/00

Order#:

Ref#:

NOTARIAL PUBLIC AMBROSIO

00 NOV 29 AM 11:59

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 NOV 29 PM 12:47

APPROVED  
AND  
FILED

11-29-00

**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. Doral USA, LLC  
(Name of foreign limited liability company)
2. Wisconsin 3. 39-1910147  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 9, 1997 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1017 West Glen Oaks Lane, Suite 100, Mequon, WI 53092  
(Street address of principal office)

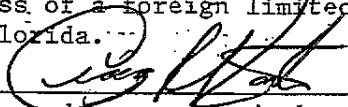
8. If limited liability company is a manager-managed company, check here ☒

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

1017 West Glen Oaks Lane, Suite 100, Mequon, WI 53092

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: Provide third party administrative services for healthcare professionals and insurance entities and conduct any and all business of a foreign limited liability company-permitted under the laws of the State of Florida.

  
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.)

Craig R. Kasten, Manager  
Typed or printed name of signee

APPROVED  
AND  
FILED  
00 NOV 29 PM 12:47  
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:

Doral USA, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

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

Plantation

FL 33324

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..*

C T Corporation System

(Signature)

**Francis P. Regan**  
Assistant Secretary

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

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AND  
FILED  
00 NOV 29 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOM  
183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

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

**DORAL USA, LLC**

is a domestic limited liability company organized under the laws of this state and that its date of organization is October 9, 1997.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on October 10, 2000.

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

BY: *Anne Pless*

03 NOV 29 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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.