

Trilogy Business Services, L.L.C.

April 30, 2001

Registration Section
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

Attached is our completed application by Foreign LLC Company to Transact business in Florida. Along with the application is a check for \$160.00, Certificate of Designation of Registered Agent and a Certificate of Existence.

Should you have any questions, please call me at (770) 291-2072.

Sincerely,

Michelle Allen

Michelle Allen
Client Service / Payroll Manager

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***160.00 ***160.00

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FILED
01 MAY -4 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Up

3235 Satellite Blvd.

Building 400

Suite 300

Duluth, GA 30096

Phone: (770) 291-2072

Fax: (770) 291-2084

www.trilogybusiness.com

Trilogy Business Strategies

Trilogy Administrative Employer

Trilogy Human Resources

Trilogy HR Consulting

Trilogy Contract Placement

Trilogy Associates

Trilogy Risk Management

**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. Trilogy Administrative Employer II, LLC.
(Name of foreign limited liability company)

2. Georgia 3. 58-2579579
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/26/01 5. N/A
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. June 2001
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 3235 Satellite Blvd. Bldg 400, Suite 300
Duluth GA 30096
(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:

William Randall Hampton & Joseph A. Meyer, Jr.
Trilogy Administrative Employer II, LLC.
3235 Satellite Blvd. Bldg 400, Suite 300
Duluth GA 30096

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: _____

Professional Employer Organization

Michelle Allen

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.)

Michelle Allen

Typed or printed name of signee

FILED
01 MAY -4 PM 2:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE

**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:

Trilogy Administrative Employer #, LLC

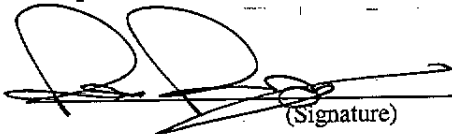
2. The name and the Florida street address of the registered agent and office are:

Ruben Rodriguez
(Name)

2300 Palm Beach Lakes Blvd. Suite 210
Florida street address (P.O. Box **NOT** ACCEPTABLE)

West Palm Beach FL 33406
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)

FILED
01 MAY -4 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0111456
DATE INC/AUTH/FILED: 02/26/2001
JURISDICTION : GEORGIA
PRINT DATE : 04/30/2001
FORM NUMBER : 211

FILED
01 MAY -4 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRILOGY ADMINISTRATIVE EMPLOYER II, LLC
MICKI ALLEN
3235 SATELLITE BLVD.
BLDG 400, SUITE 300
DULUTH, GA 30096

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

TRILOGY ADMINISTRATIVE EMPLOYER II, L.L.C.
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox

Cathy Cox
Secretary of State