

M01000002093

VECTOR RISK ANALYSIS, LLC
2800 West 44th Street, Unit 602
Minneapolis, Minnesota 55410
Tel. 612-926-1662 Fax. 413-669-5012
hobson.carroll@VectorRisk.com

September 4, 2001

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

400004582874--2
-09/11/01--01045--002
****155.00 ****155.00

To Whom It May Concern:

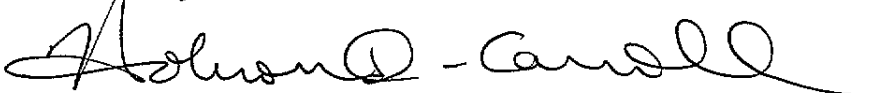
Enclosed please find the following:

- (1) A completed and signed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- (2) A Certificate of Designation of Registered Agent/Registered Office;
- (3) An original certificate of existence for Vector Risk Analysis, LLC from the Minnesota Secretary of State's office;
- (4) A check for \$155 to cover the filing fee for application (\$100), the designation of Registered Agent (\$25), and a requested optional Certified Copy of the resulting certification (\$30).

FILED
01 SEP 11 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As president and manager of Vector Risk Analysis, LLC, I hereby request authorization to transact business in Florida as a Foreign Limited Liability Company. I believe the above listed items comprise all required information, forms, attachments, and payments. Thank you in advance for your expedited assistance in this matter.

Sincerely,



Hobson D. Carroll
President

M01-2093
OR

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

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

1. VECTOR RISK ANALYSIS, LLC
(Name of foreign limited liability company)
2. MINNESOTA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 41-1984226
(FEI number, if applicable)
4. 9/21/2000
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. NA/HAS NOT YET TRANSACTIONED BUSINESS ACCORDING TO STATUTE LISTING
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2800 WEST 44TH ST., UNIT 602
MINNEAPOLIS, MN 55410
(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:

HOBSON D. CARROLL

VECTOR RISK ANALYSIS, LLC

2800 WEST 44TH ST., UNIT 602

MINNEAPOLIS, MN 55410

FILED
01 SEP 11 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CONSULTING -

ACTUARIAL AND INSURANCE SERVICE AREAS



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.)

HOBSON D. CARROLL

Typed or printed name of signee

**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:

VECTOR RISK ANALYSIS, LLC

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

GUSTAVO M. BENEDETTI

(Name)

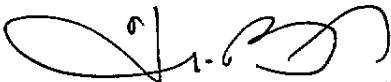
14814 SW 45 LANE

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

MIAMI FL 33185

(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)

01 SEP 14 PM 5:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

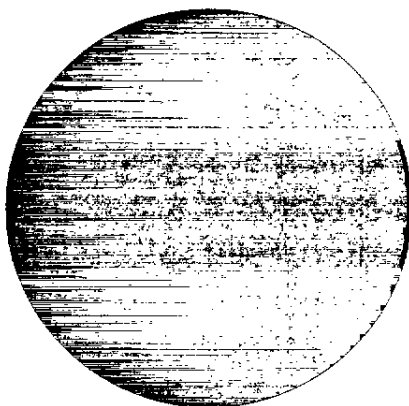
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Vector Risk Analysis, LLC

Date Formed or Registered: September 21, 2000

State of Organization: Minnesota

This certificate has been issued on August 21, 2001.



Mary Kiffmeyer
Secretary of State.