

102000001158

FROM:  
BOB BENNETT  
(615) 360-2820  
WILLIS ADMINISTRATIVE SERVICES CORP  
1415 MURFREESBORO ROAD  
NASHVILLE TN 37217-2829

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2002 MAY -2 PM 1:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 400005235354--3  
-04/10/02--01042--002  
\*\*\*100.00 \*\*\*100.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 400005235354--3  
-05/06/02--01054--022  
\*\*\*\*\*25.00 \*\*\*\*\*25.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

CR2E031(7/97)

102-10446  
J. BRYAN APR 15 2002

J. BRYAN MAY 6 2002

**alternative Service Concepts, L.L.C.**  
A PROGRESSIVE RISK SOLUTIONS FIRM

April 25, 2002

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

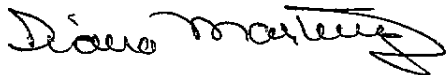
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Joey Bryan

RE: Letter #102A00022195

Dear Joey:

You will find enclosed the balance due check and all the other required paperwork, which includes the certificate of good standing. We trust this will now satisfy the requirement, however, should you still require something additional, please do not hesitate to contact us.

Sincerely,



Diana Martinez  
Senior Vice President

Enclosure



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 15, 2002

BOB BENNETT  
1415 MURFREESBORO RD.  
NASHVILLE, TN 37217-2829

SUBJECT: ALTERNATIVE SERVICE CONCEPTS, L.L.C.  
Ref. Number: W02000010446

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ALTERNATIVE SERVICE CONCEPTS, L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 102A00022195

RECEIVED  
APR 16 2002  
Administrative  
Services Corporation

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Alternative Service Concepts, L.L.C.  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 43-1954328  
(FEI number, if applicable)
4. May 1, 2002  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. May 1, 2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1415 Murfreesboro Rd., Ste. 600  
Nashville, TN 37217  
(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:

George N. Cochran	1415 Murfreesboro Rd.	37217
Leonard S. Caronia	1415 Murfreesboro Rd.	37217
James C. Pearl	1415 Murfreesboro Rd.	37217
Robert H. Bennett	1415 Murfreesboro Rd.	37217

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 Claim Adjusting

Robert H. Bennett  
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.)  
Robert H. Bennett

Typed or printed name of signee

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DIVISION OF CORPORATIONS  
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:

Alternative Service Concepts, 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

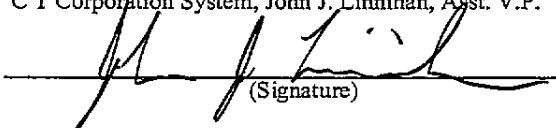
FL 33324

City/State/Zip

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TALLAHASSEE, FLORIDA

*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, John J. Linnihan, Asst. V.P.

  
(Signature)

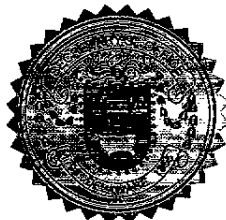
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTERNATIVE SERVICE CONCEPTS, L.L.C." 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 FOURTH DAY OF APRIL, A.D. 2002.



3496516 8300

020216744

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1704351

DATE: 04-04-02