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(4)

ACCOUNT NO. : 072100000032

REFERENCE : 764173 8739A

AUTHORIZATION :

*Patricia Pujols*

**MJM**

COST LIMIT : \$ 125.00

ORDER DATE : September 30, 2002

*9/30 FOR LLC*

ORDER TIME : 9:47 AM

ORDER NO. : 764173-005

800008096008--3

CUSTOMER NO: 8739A

CUSTOMER: Jonathan Shepard, Esq  
Siegel Lipman Dunay & Shepard,  
Suite 801  
5355 Town Center Road  
Boca Raton, FL 33486

FOREIGN FILINGS

NAME: I-CORPS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons -- EXT# 1139

EXAMINER: \_\_\_\_\_

RECEIVED  
02 SEP 30 AM 10:30  
DIVISION OF CORPORATION  
TALLAHASSEE FLORIDA  
FILED  
02 SEP 30 PM 1:45  
SECRETARY OF STATE

**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. i-corps, llc  
(Name of foreign limited liability company)
2. Delaware 3. 41-2059692  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 16, 2002 5. Perpetual  
(Date of Organization) (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. 5301 North Federal Highway, Suite 190  
Boca Raton, Florida 33487  
(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:

Mark Kottler

Michael Simkus

5301 N. Federal Highway, Suite 190

3 First National Plaza #2200

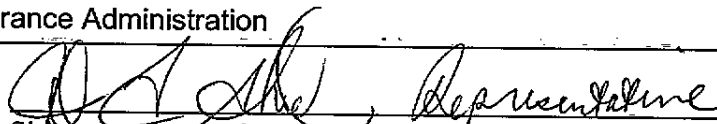
Boca Raton, Florida 33486

Chicago, Illinois 60602

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:

Third Party Insurance Administration



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.)

Jonathan L. Shepard, Authorized Representative

Typed or printed name of signer

FILED  
02 SEP 30 PM 1:45  
STATE  
ALLAH STATE 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:

i-corps, llc

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

Jonathan L. Shepard

(Name)

5355 Town Center Road, Suite 801

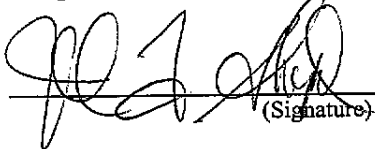
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Boca Raton

FL 33486

(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)

# Delaware

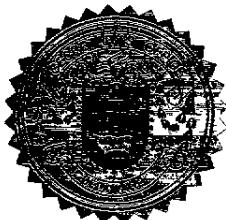
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I-CORPS, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I-CORPS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2002.

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



3559464 8300

020598819

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2004160

DATE: 09-26-02