M04000000196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Cert.

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KARI T. HUBBARD
DIRECT DIAL NUMBER 843.720.4450
EMAIL khubbard@hsblawfirm.com

January 2, 2003

VIA FEDERAL EXPRESS-PRIORITY OVERNIGHT

Office of Secretary of State
State of Florida
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
[illegible]

Re: Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida for CHS Admin LLC
Our File Number: 20033-0003

Dear Sir or Madam:

Enclosed please find an original and one copy of the following documents for the above-referenced entity:

(1) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
(2) Certificate of Designation of Registered Agent/Registered Office;
(3) Certificate of Existence for CHS Admin LLC; and
(4) Check in the amount of $130.00 in satisfaction of filing fees for the same as well as a Certificate of Status.

Upon registration, please return to me letters of acknowledgement for this entity and the Certificate of Status requested. I have enclosed a self-addressed, prepaid Federal Express envelope for your convenience. If you have any questions or there is anything further that you need, please do not hesitate to contact me at the above telephone number.

Thank you for your assistance.

Sincerely yours,

Kari T. Hubbard

KTH/egy
Enclosures

F:\DATA\CorpFin\William Worthy\CHS Admin LLC\12.31.03 Ltr. to Sec. of State.doc 12/31/03 10:51 AM

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KARI T. HUBBARD
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FACSIMILE TRANSMITTAL

DATE: January 15, 2004

TO: Dianne Cushing FIRM/COMPANY: FL Sec. of State

FAX #: (850) 410-1015 TELEPHONE #: (850) 245-6051

FROM: Kari T. Hubbard TELEPHONE #: (843) 722-3366

FILE #: 20033-3 # OF PAGES: 2 (including this cover sheet)

Attached please find the Certificate of Status for CHS Admin LLC which you requested.

If you have any questions, please do not hesitate to contact me at the number above.

Thank you.

Kari T. Hubbard

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. **CHS Admin LLC**
(Name of foreign limited liability company)

2. **Delaware**
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. **December 19, 2003**
(Date of Organization)

5. **2103**
(Duration: Year limited liability company will cease to exist or "Perpetual")

6. **Upon qualification**
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817. 155, F.S.).

7. **333 South Pine Street**
Spartanburg, South Carolina 29302
(Street address of principal office)

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DIVISION OF CORPORATIONS

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:

Jack H. Hawkins

333 South Pine Street

Spartanburg, South Carolina 29302

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: **to administer insurance products.**

Jack H. Hawkins
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.)

Jack H. Hawkins, Member

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:

CHS Admin 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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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

Dale W. Morris
(Signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHS ADMIN 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 FOURTEENTH DAY OF JANUARY, A.D. 2004.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 15 AM 11:16

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3731622 8300

AUTHENTICATION: 2870459