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Division of Corporations

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: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222~1092 Phone Fax Number : (850)878-5926

ELORIDA/FOREIGN LIMITED LIABILITY CO.

EMPOWER BENEFITS LLC

Certificate of Status	0
Certified Copy	0
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JAN 1 7 2006

7, 2000 10.00
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. EMPOWER BENEFITS LLC
(Name of Foreign Limited Liability Company)
2. DELAWARE 3. 20-4045857
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4 DECEMBER 12, 2005 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to
exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(Act activity against the continue of the continue beautiful
7 2640 GOLDEN GATE PARKWAY, SUITE 205, NAPLES, FLORIDA 34103
(Street Address of Principal Office)
•
8. If limited liability company is a manager-managed company, check here
a. It minor iterity something to a name of the state of t
9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual pusities addresses of the managing members of managers are as follows:
MICHAEL PITINO: 9505 Williamsburg Plaza, Suite 101, Louisville, KY 40222; LES O'NAN: 9505 Williamsburg
MICHAEL FITTING: 9303 Williamsong Fietz, Suite 101, Louisving, R.F. 40222, LLS 5 Williamsong
The same same same same same same same sam
Plaza, Suite 101, Louisville, KY 40222; NEIL VASWANI: 2640 Golden Gate Pky., Suite 205, Naples, FL 34103;
ZACH MALONB: 2640 Golden Gate Pky., Suite 205, Naples, FL 34103
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 outh of the translator must be submitted.)
is in a moteral uniduade, a grantiamon of the certificate ander our of the partition in the partition of the certificate of the
THE DEVICE OBJECT AND
11. Nature of business or purposes to be conducted or promoted in Florida: THE DEVELOPMENT AND

Signature of a member or an authorized representative of a member.
(In scopping with section 508.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.)

DONNA O'BRYAN, MANAGER OF FBT LLC, Authorized Representive

Typed or printed name of signee

MARKETING OF EMPLOYEE BENEFITS AND SERVICE APPLICATIONS

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

May 13 MII.01 PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.597, 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	e Limited	Liability	Company is:
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EMPOWER BENEFITS LLC

2.	The name	e and the F	lorida street	address of t	he registered	agent and	office are:

C T Corporation System
(Name)
1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPT
Plantation, Florida 33324
,

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, Florida Statutes,

\$ 100.00 Filing Fee for Application Designation of Registered Agent 5 25.00 \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

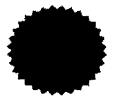
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I, MARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPOWER BENEFITS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2006.

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





Warniet Smith Hindson Harrier Smith Windson Secretary of State

AUTHENTICATION: 4433422

DATE: 01-09-06

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