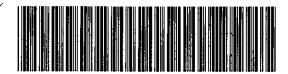
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PROVEN COMPLIANCE MANAGEMENT SYSTEMS

2100 Gareway Centre Boulevard, State 200 • Morrisville, NC 27560 • 800.334.8322 • www.RegEd.com

To Business Services/Corporation Division:

RegEd is pleased to enclose the attached business services transaction for processing assistance. RegEd, Inc. has been selected as the contracted vendor to provide business licensing services for enclosed named business entity.

To assist with providing high-level transactional assistance, RegEd requests wherever possible for return correspondence and/or inquires to be directed as follows.

RegEd, Inc. Attn: Sheryl C. Hughes, Director Registration & Licensing Services 2100 Gateway Centre Blvd., Suite 200 Morrisville, NC 27560

If email is a preferred method of communication, please also feel free to send the inquiry as follows.

producerlicensing@reged.com

RegEd prides itself on excellent customer service. The Registration & Licensing Services team hours are 8:30 AM to 5:30 PM EST Monday-Friday, and they may be reached by dialing RegEd's toll-free customer service number, **800.334.8322**, and selecting the Registration & Licensing Services option, **Option 7**.

On behalf of RegEd, we look forward to working with your department with fulfillment of licensing transactions.

Sheryl C. Hughes

Director, Registration & Licensing Services

RegEd

2100 Gateway Centre, Suite 200 Morrisville, NC 27560 800.334.8322 X 5292 phone

(919) 653-6586 fax www.RegEd.com

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	ERAS, LLC		
		ne of Limited Liability Company)	
Florida," Cer	"Application by Foreign Li tificate of Existence, and ch pany to transact business in	mited Liability Company for Authorization to Transact Busicek are submitted to register the above referenced foreign line. Florida ing this matter to the following:	mited
Please return	all correspondence concern	SSS	(*****.)
	A. Michael Marx	mo	
		(Name of Person)	AH 10: 02
	ERAS, LLC	7	
		(Firm/Company)	
	301 East Main Stree		
		(Address)	
	Lexington, KY 4050		
		(City/State and Zip Code)	
For further in	nformation concerning this r	natter, please call:	
Shei	ryl C. Hughes	at (919) 653-5292	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
MAI	LING ADDRESS:	STREET ADDRESS:	
	ion of Corporations	Division of Corporations	
P.O. Box 6327 Clifton Building			
Talla	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following am 25.00 Filing Fee \$130.00 Filing C		

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:

(Name of Foreign Limited	Li	ability Company)	
Kentucky	3	61-1291181	
(Jurisdiction under the law of which foreign limited liability	,).	(FEI number, if applicable)	
company is organized)		75 28	
November 10, 1995	5.	Perpetual Fri 6	
(Date of Organization)		(Duration: Year limited liability company will cease exist or "perpetual")	10
not applicable		AR,	-
(Date first transacted business in I (See sections 608.501 & 608.502 F.		ida, if prior to registration.)	MH 10: 0P
301 East Main Street, Stule 650, Lexington, k	(Y	40507	40
		dr.	ि
		0.00	
(Street Addres	ss o	f Principal Office)	
701 to 111 111.			
If limited liability company is a manager-manage	ea c	company, check here	
The name and usual business addresses of the ma	ına	ging members or managers are as follows:	
1 11 ~ 1 1 1 1	ma	ging members of managers are as follows.	
J. Michael Marx			
301 East Main Street, S	5 ₀	ite 650	
Lexington, Kentucky	$\angle a$	0507	_
	л 1		
Attached is an original certificate of existence, no more than 9 invisition and or the law of which it is accomised. (A photosophic in the second of the second or the second o			
e jurisdiction under the law of which it is organized. (A photoco anslation of the certificate under oath of the translator must be su		1 0 0 0	,a
instanton of the certificate times cannot the translator files be st	wil	iucca.)	
1. Nature of business or purposes to be conducted	or	promoted in Florida:	
Advising, consulting and assisting with compa	ani	es with employee benefit plans	
A. M.O.M.		W E	··
		horized representative of a member.	
(In accordance with section 608.408(3), an affirmation under the penalties of pe	, F.S	S., the execution of this document constitutes	
A. Michael Marx. Chief Ope	-		
A. Michael Marx. Chief Oper	rati	ING UTICER	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

JNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATUTES, THE JNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.					
UNDERSIGNED I	JIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING	STATEMENT			
ELODIDA LO DESIGNATE A	A REGISTERED OFFICE AND REGISTERED AGENT IN THE S	STATEORS			
rlokida.		FC S			
1. The name of the	e Limited Liability Company is:	UG -1 RETAR AHASS			
ERAS, LLC	SEE. SEE. SEE. SEE. SEE. SEE. SEE. SEE.				
2. The name and t	he Florida street address of the registered agent and office are:	AMID: 02 OF STATE			
C	Corporation Service Company				
	(Name)				
1	201 Hays Street				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	_			
<u>T</u>	allahassee, FL 32301 _{FL}	-			
	City/State/7in				

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.

(Signature)

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

Commonwealth of Kentucky Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

ERAS, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 15, 1995.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 31st day of May, 2006.

Certificate Number: 31784

Jurisdiction: KY

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to validate the authenticity of this

certificate.



Tabo

Trey Grayson Secretary of State Commonwealth of Kentucky 31784/0407942