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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BENEFIT HARBOR BP, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
KRISTI STEVENS (Name of Person)
SUMMIT ALLIANCE COMPANIES EN STEPPEN SERVICES
14785 PRESTON ROAD, SUITE 1000 TO
DALLAS, Tx 75254 EM 5
For further information concerning this matter, please call:
KRISTI STEVENS at (972) 888.1642. (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00} \text{ Filing Fee} \Bigsim \frac{1}{25.00} \text{ Filing Fee} \& \Bigsim \frac{1}{25.00}

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. BENEFIT HARBOK BP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. TEXAS (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-24-14420 (FEI number, if applicable)
4. 08.23.2005 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>nla</u>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 14785 PRESTON ROAD, SUITE 1000 SA TO STAND (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here
DALLAS TO 25 25 1
DALLAS, TX 75254 (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:
SUMMIT ALLIANCE CAPITAL, LLC
14785 PRESTON ROAD, SUITE 1000
DALLAS, TX 75254
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: ON-LINE
BENEFITS ADMINISTRATION
Wheh the to
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.)
BY: SUMMIT ALLIANCE CAPITAL, LLC.
its sole member
BY: MICHAEL E. LESTER, manager

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:	
BENEFIT HARBOR GP, LLC	-
If name unavailable, the alternate name to be used in the state of Florida is:	_
2. The name and the Florida street address of the registered agent and office are:	7
CT CORPORATION SYSTEM	П
1200 SOUTH PINE ISLAND ROAD Florida Street Address (P.O. Box NOT ACCEPTABLE)	U
PLANTATION FL 33324 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, Florida Statutes.

Maria Ozaeta
Vice President

(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

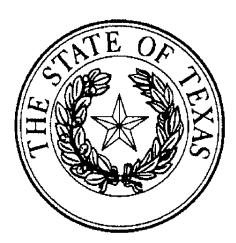
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Benefit Harbor GP, LLC (file number 800535505), a Domestic Limited Liability Company (LLC), was filed in this office on August 23, 2005.

It is further certified that the entity status in Texas is in existence.

CRETARY DE STATE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 15, 2008.



Phil Wilson Secretary of State

Molesto

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 212185660003