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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

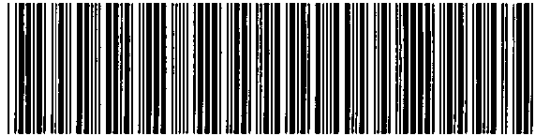
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/22/08--01051--004 **160.00

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TALLAHASSEE, FLORIDA

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M. THOMAS

OCT 23 2008

EXAMINER



**STANTON
GROUP**

Together, we're better.

October 21, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Application by Foreign Limited Liability Company for Authority to
Transact Business in Florida - Acclaim Benefits, LLC**

Dear Sir or Madam:

In order that we may transact business in the state of Florida, enclosed please find the following documents:

1. Our check in the amount of \$160.00 covering the Filing Fee, Certificate of Status and Certified Copy.
2. Completed Cover Letter.
3. Completed *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.*
4. Completed *Certificate of Designation of Registered Agent/Registered Office.*
5. *Certificate of Good Standing* issued by the Minnesota Secretary of State.

If you have any questions or need additional information in order to complete your review of our application, please contact me at 763-278-4530 or via email at mhanken@stanton-group.com.

Sincerely,

Molly Hanken

Molly Hanken
Compliance/Registrations

Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acclaim Benefits, 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:

Molly Hanken
(Name of Person)

Stanton Group, LLC
(Firm/Company)

3405 Annapolis Lane North, Suite 100
(Address)

Plymouth, MN 55447
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Molly Hanken at (763) 278-4530
(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:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Acclaim Benefits, 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. Minnesota 3. 26-1425254
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-01-07 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3405 Annapolis Lane North, Suite 150
Plymouth, MN 55447
(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:

Jeffrey Robert Nevin, 3405 Annapolis Lane North, Ste. 100, Plymouth, MN 55447

Jeffrey B. Ackerson, 3405 Annapolis Lane North, Ste. 150, Plymouth, MN 55447

Thomas R. Singsank, 3405 Annapolis Lane North, Ste. 100, Plymouth, MN 55447

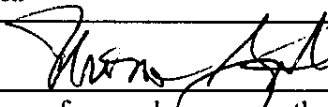
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TALLAHASSEE, FLORIDA

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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: _____
FSS and COBRA 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.)

Thomas R. Singsank

Typed or printed name of signee

**9. The name and usual business address of the managing members:
(continued)**

Nels E. Carlson, 3405 Annapolis Lane North, Ste. 100, Plymouth, MN 55447

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SECRETARY OF STATE
TALLAHASSEE, 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:

Acclaim Benefits, 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:

C T Corporation System
(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

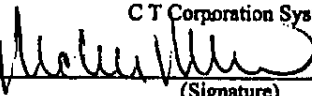
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33324

City/State/Zip

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TALLAHASSEE, FLORIDA

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.

By: 
(Signature)

Michele Miller
Assistant Secretary

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Acclaim Benefits, LLC

Date Formed or Registered: November 1, 2007

State of Organization: Minnesota

This certificate has been issued on September 17, 2008.



Mark Ritchie
Secretary of State.