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TED

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		PAY BENEFITS, LLC			
	Na	me of Limited Liability Company			
The enclose Existence, a	d "Application by Foreign Limited Lia nd check are submitted to register the a	bility Company for Authorization to Tribove referenced foreign limited liability	ransact Business in Florida ty company to transact bus	," Certifica iness in Flo	te of orida
Please retur	n all correspondence concerning this m	atter to the following:	1		
		CASEY YOUNG		20	
		Name of Person	LLA	2010 HAY	Π
	STONI	EHENGE CONSULTING, PLO		1	_
		Firm/Company	CY OF	PH 4: 01	LEC
•	2464 E	BYRON STATION DRIVE SW	57	- <del>-</del> -	
		Address	NDA TE	<b>e</b>	
	BY	RON CENTER, MI 49315			
		City/State and Zip Code			
	Ca E moll odd-son (	sey@stonehengeplc.com to be used for future annual report not	:/ <del>**</del>	-	
	•	·	meanon)		
For further i	nformation concerning this matter, plea	se call:			
-	CASEY YOUNG	at ( <u>888</u> )	891-7771	_	
	Name of Person	Area Code & Daytime Telephone	e Number		
Div Reg	AILING ADDRESS: rision of Corporations gistration Section	STREET ADDRESS: Division of Corporations Registration Section			
	D. Box 6327 Iahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
		Tallahassee, FL 32301			
Enclosed i	s a check for the following amou	int:			
<b>\</b>	\$125.00 Filing Fee \$130.00 Filin Certificate of		\$160.00 Filing Fee, Conference of Status & Certi		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	BENE	PAY BENEF	ITS, LLC		
(Na	BENE ame of Foreign Limited Liability Company	; must include "Lin	nited Liability Company," "L.	L.C.," or "LLC.")	_
sent of	inavailable, enter alternate name adopted for the managers or managing members adopt ""L.L.C," "LLC.")				
	MICHIGAN ction under the law of which foreign limited	3.	26-253833	39	
Jurisdi ompan	ction under the law of which foreign limited by is organized)	d liability	( FEI number, if app	licable)	_
	04/21/2008	5	PERPETU	AL	_
	(Date of Organization)	(Du exis	ration: Year limited liability of the contract or "perpetual")	company will cease to	
N/A					
	(Date first transacted bus (See sections 608.501 & 6	iness in Florida, if 08.502 F.S. to deter	prior to registration.) mine penalty liability)	2010 HAY SECRET	_
2464	BYRON STATION DRIVE SW				. <b>-</b>
BYR	ON CENTER, MI 49315			Y-7 TARY	ŗ
	(Stree	et Address of Princ	ipal Office)	PH E.F.	ſ
If lim	ited liability company is a manager-	managed compa	my, check here	STATE	C
The n	name and usual business addresses of	f the managing r	nembers or managers are	as follows:	
CAS	SEY YOUNG - 2464 BYRON STA	TION DRIVE	SW; BYRON CENTER	, MI 49315	_
			•		
					_
	<u> </u>				_
Attach	ed is an original certificate of existence, no mo	ve than 90 days old	duly authenticated by the offici	al having custody of re	com
urisdic	tion under the law of which it is organized. (A	A photocopy is not a			CO1G
slation	of the certificate under oath of the translator m	nust be submitted.)			
Natu	ire of business or purposes to be con	ducted or promo	oted in Florida:		_
	HEALTH AND WE	LFARE PLAN	ADMINISTRATION		
	Λ .				_
		r or an authorize	d representative of a men	mher	
	(In accordance with section 60	08.408(3), F.S., the ex	secution of this document constitu	ites	
	an affirmation under the pena	Table and the second second	and Constant as a fact of the control of the contro		

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

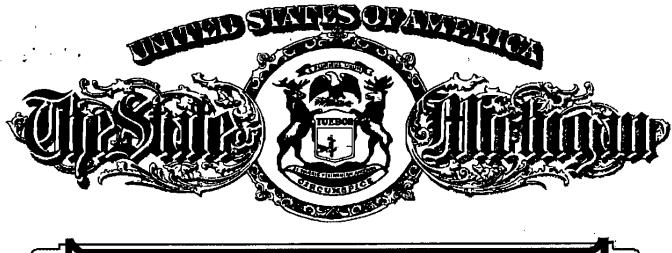
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

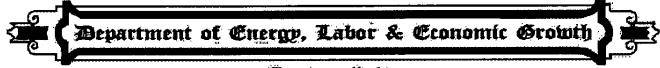
1. The name of	f the Limited Liability Company is:			
	BENEPAY BENEFITS, LL	_C		_
If unavailable,	the alternate to be used in the state of Florida is:			
2. The name ar	nd the Florida street address of the registered agen	nt and office are:		-
	CASEY YOUNG		_ Zs 2	
	(Name)		2010 MAY SECRET	77
	902 HARBOUR HOUSE DR	IVE	SS A	
	Florida Street Address (P.O. Box NOT AC	CEPTABLE)	PA PA	Щ
	INDIAN ROCKS BEACH FL	33785	H 4: 81 F STATE FLORIDA	
	City/State/Zip		DA -	

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.

Casulyan	MEMBERS - XM
0	Signature)

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





Lansing, Michigan

- This is to Certify That

#### BENEPAY BENEFITS, LLC

was validly organized on April 21, 2008 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1012861

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of April, 2010

but Direct

Bureau of Commercial Services