M10000003226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

NOV 30 2010

EXAMINER

Office Use Only

400187732064

11/29/10--01036--004 **125.00

FILED

10 NOV 29 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DST Systems, Inc.
333 West 11th Street
Kansas City, MO 64105
816.435.1000
www. dstsystems.com

vllake@dstsystems.com
816-435-8655

November 24, 2010

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: DST Insurance Solutions, LLC

Dear Madam or Sir:

Enclosed for filing are duplicate Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Designation of Registered Agent/Registered Office, a good standing certificate from the domicile state of Delaware and our check in the amount of $125 in payment of required fees. Please return evidence of filing to the undersigned. A pre-addressed, stamped envelope is provided for your convenience.

If you have any questions, please contact me at (816) 435-8655 or by email to vllake@dstsystems.com. Your prompt assistance will be appreciated.

Very truly yours,

Valda Lake
Paralegal

VLL:bhs
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DST Insurance Solutions, 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:

Valda Lake
Name of Person

DST Systems, Inc.
Firm/Company

333 West 11th Street, Fifth Floor
Address

Kansas City, MO 64105
City/State and Zip Code

vllake@dstsystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valda Lake at (816) 435-8655
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
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 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. DST Insurance Solutions, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3496418
(FEI number, if applicable)

4. 09/09/10
(Date of Organization)

5. Perpetual
(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)

7. 333 West 11th Street, 5th Floor

Kansas City, MO 64105
(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:

Thomas A. McDonnell, 333 West 11th Street, 5th Floor, Kansas City, MO 64105

Stephen C. Hooley, 333 West 11th Street, 5th Floor, Kansas City, MO 64105

Kenneth V.Hager, 333 West 11th Street, 5th Floor, Kansas City, MO 64105

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:

The transaction of all lawful business permitted under the laws of Florida.

Kenneth V. Hager

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.)

Kenneth V. Hager, Manager (Authorized Representative)

Typed or printed name of signee

FILED
10 NOV 29 PM 3:48
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:

DST Insurance Solutions, LLC

If unavailable, the alternate 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 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.

C T Corporation System

By: Katherine Lackey
(Signature)

Katherine Lackey, Asst. Secy.

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DST INSURANCE SOLUTIONS, 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2010.

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

Jeffrey W. Bullock, Secretary of State

4869705 8300

AUTHENTICATION: 8371778

101112763

DATE: 11-22-10

You may verify this certificate online at corp.delaware.gov/authver.shtml