# M11000000423

(R€	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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11 JAN 28 AM 8: 54

SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

Division of Corpo	
SUBJECT:	Restat, LLC
SUBJECT:	Name of Limited Liability Company
	by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ubmitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspon	dence concerning this matter to the following:
	Diane Sengpiel Name of Person
	Name of Person
	Restat, LLC Firm/Company
	Firm/Company
	11900 W. Lake Park Drive
	Milwaubee, WI 53224  City/State and Zip Code
	D Sengaiel @ restat.com E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Diane S	Senaprel ar 414, 760-4704
DIMITE	Name of Person Area Code & Daytime Telephone Number
MAILING ADD Division of Corpo	
Registration Sect P.O. Box 6327	· · · · · · · · · · · · · · · · · · ·
Tallahassee, FL 3	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check fo	the following amount:  Example 2
	\$135 includes
	filing file and 2 Corrificales of
	2 Corrificales of
	Status.



January 26, 2011

DIANE SENGPIEL 11900 W. LAKE PARK DRIVE MILWAUKEE, MI 53224

SUBJECT: RESTAT, LLC Ref. Number: W11000004960

We have received your document for RESTAT, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 211A00002227

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
I. Restat 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. Wisconsin (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. 12-8-2003 (Date of Organization)  5. Deroe tual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Haven't started yet.  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
7
11900 W. Lake Park Drive, Milwaukee, WE 53204 (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:
The F. Dohmen Co.
215 IV. Water Street, Suite 300
Milwauxee, WI 53202
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: Pestat provides
phomous benefit management programs and services for its clients and members of them pharmany benefit plans.  THE F. DOHMEN CO., worken  By: Barting C. Petron, Secretary
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Bartlett C. Petersen
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 the Limited Liability Company is:	
Restat, 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:
Corporation Service Company	
(Name)	JAN 28
1201 Hays Street	<b>2</b> 22
Florida Street Address (P.O. Box NOT ACCEPTAE	9. 54 OR ATIO
Tallahassee FL 32301	S. ONS
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.

Corporation Service Company

By: Shy Ceyble

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

#### RESTAT, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 8, 2003.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 20, 2011.

RAY ALLEN, Deputy Secretary Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

## To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

87234-6EA27E95