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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

B. KOHR

FEB - 2 2011

EXAMINER

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:

(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")		of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Ohio	3.	27-4523318
(Jurisdiction under the law of which foreign limited liability company is organized)	/	(FEI number, if applicable)
4. 1/6/11	5.	Perpetual
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
6		
(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flor .S. t	ida, if prior to registration.) o determine penalty liability) و المراحة المراحة المراحة المراحة المراحة المراحة المراحة المراحة المراحة
7. 644 Linn Street, Suite 200		THE PRESENT OF COMMENTS OF COM
Cincinnati, OH 45203		3 62
(Street Address	ss o	f Principal Office)
8. If limited liability company is a manager-manage	ed c	ompany, check here
9. The name and usual business addresses of the ma	ana	ging members or managers are as follows:
Paycor, Inc., 644 Linn Street, Suite 200, C	inc	sinnati, Ohio 45203
		
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under cath of the translator must be su	ору	
11. Nature of business or purposes to be conducted	or	promoted in Florida:
Sale of insurance products.		
Come D.S. Ins	7	•
Signature of a member or an a	autl	norized 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.)

Charles D. Schmalz

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:	
Paycor insurance Agency, LLC		
If unavailable, the alternate to be used in the sta	te of Florida is:	
2. The name and the Florida street address of the	ne registered agent and office are:	
NRAI Services, Inc.		
	(Name)	
2731 Executive Park Drive, Suite 4		
Florida Street Address	(P.O. Box NOT ACCEPTABLE)	
Weston	FL_33331	
	City/State/Zip	
liability company at the place designated in this agent and agree to act in this capacity. I further	Katie Wonsch, Asst. Secretary	

\$ 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 Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PAYCOR INSURANCE AGENCY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1988305, was organized within the State of Ohio on January 06, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2011

Ohio Secretary of State

Validation Number: V201121J6C1A5