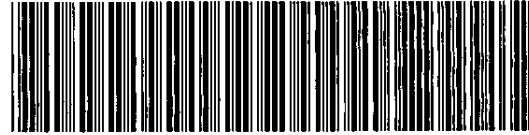


M11000003330



600209413516

06/29/11--01023--005 **130.00

FILED
JUN 29 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

Office Use Only

G. MCLEOD

JUN 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lanier Provider Services, 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:

Tashula Roberts
Name of Person

Lanier Provider Services, LLC
Firm/Company

71 South Wacker Drive, Suite 3025
Address

Chicago, IL 60606
City/State and Zip Code

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

For further information concerning this matter, please call:

Tashula Roberts at (312) 201-8375
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



Lanier Provider Services, LLC

June 28, 2011

Tim Burch
Florida Department of State
Division of Corporations – Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Lanier Provider Services, LLC
Ref. Number W11000034072

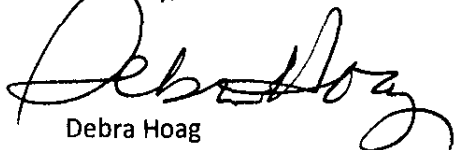
Dear Mr. Burch-

This letter is in response to your letter dated June 24, 2011, specifically as it relates to the name designation availability of Lanier Provider Services, LLC (LPS, LLC).

Initially LPS, LLC was erroneously registered as a resident corporation in the state of Florida. When the error was brought to our attention, we immediately took action to dissolve this business entity and reapply correctly as a foreign limited liability company.

We have no intention of revoking the dissolution and request LPS, LLC be released for our use as a foreign limited liability company. Please feel free to contact Tashula Roberts with any questions (troberts@gentrypartners.com, 312-201-8375).

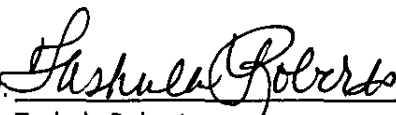
Sincerely,



Debra Hoag
Managing Member



Notary:



Tashula Roberts
Commission Expires 10-11-11

Official Seal

**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Unitar Provider Services, 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. Illinois 3. 27-3775378
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10-26-2010 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 71 South Wacker Dr., Suite 3025, Chicago, IL 60606
(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:

Debra A. Hoag - 71 South Wacker Dr. Suite 3025, Chicago, IL 60606

Donald R. Ogilvie - 71 South Wacker Dr. Suite 3025, Chicago, IL 60606

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: conducting business as a life settlement provider for the purchase of life insurance policies.

Debra Hoag
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.)

Debra Hoag
Typed or printed name of signee

FILED
11 JUN 29 AM 11:24
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:

Lanier Provider Services, 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:

Donald R. Ogilvie

(Name)

18870 SE Pineneedle Lane

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

Tequesta,

FL

33469

City/State/Zip

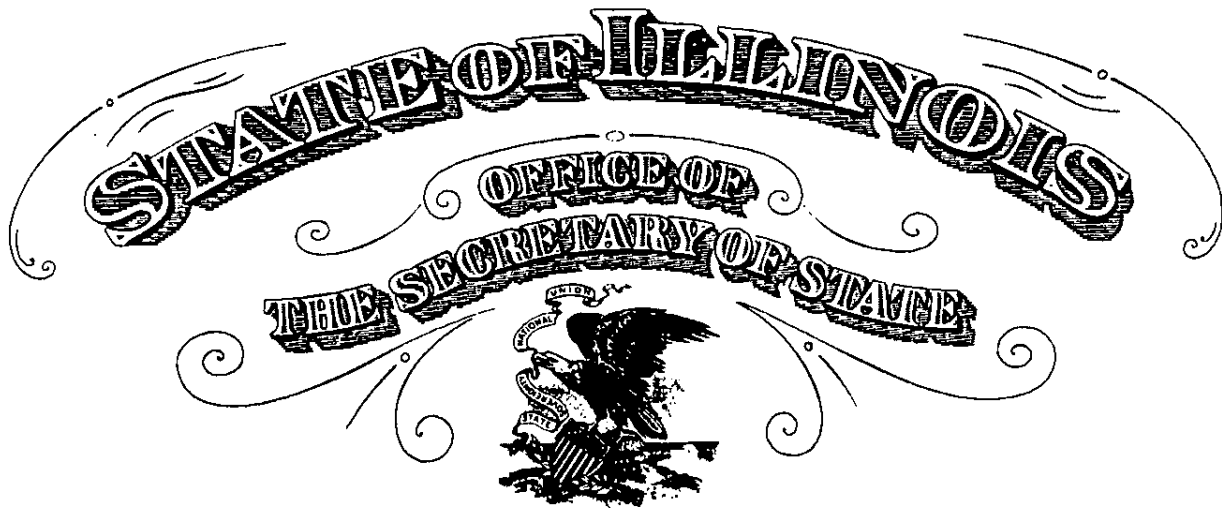
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Donald R. Ogilvie

(Signature)

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

File Number 0334007-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LANIER PROVIDER SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 26, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1106301252

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of MARCH A.D. 2011 .

Jesse White

SECRETARY OF STATE