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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

J. SAULSBERRY EXAMINER

JAN 1 0 2012

COVER LETTER

	TO: Registration Section Division of Corporations		
	SUBJECT: Genesis Voluntary Benefits Solutions, LLC Name of Limited Liability Company		
i.	The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.		
	Please return all correspondence concerning this matter to the following:		
	Faina Gitman		
	Name of Person		
	Genesis Voluntary Benefits Solution, LLC		
	Firm/Company		
	21300 Victory Blvd., Suite 635		
	Address	2012	
•	Woodland Hills, CA 91367	- NAC 2102	
	City/State and Zip Code	9-	
	faina.gitman@pac-res.com		Ш
	E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	網 8: 57	C
	Faina Gitman at (818) 449-3978		
,	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: \$\int_{125.00}\$ \text{Filing Fee} \int_{130.00}\$ \text{Filing Fee & Certificate of Status} \int_{155.00}\$ \text{Filing Fee & Certified Copy} \int_{160.00}\$ \text{Filing Fee, Certified Copy} \int_{160.00}\$	•	

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: Genesis Voluntary Benefits Solution, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Genesis Voluntary Benefits Solution 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. IL (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 07/17/2009 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 321 N. Clark Street., Suite 940 Chicago, IL 60654 (Street Address of Principal Office) ထ္ 8. If limited liability company is a manager-managed company, check here $\sqrt{}$ CJT 9. The name and usual business addresses of the managing members or managers are as follows: Paul L. Barden & Paul Rogers 321 N. Clark Street, Suite 940 Chicago, IL 60654 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: Insurance Agents / Brokers 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.) Paul L. Barden

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:		
Genesis Voluntary Benefits Solution, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
Genesis Voluntary Benefits Solution LLC		
2. The name and the Florida street address of the registered agent and office are:		
Marc Nathan Free	2012 JAN - SECRETAG TALLAHASS	
(Name)	MASS	-
201 S. Orange Ave	6 AM	: [
Florida Street Address (P.O. Box NOT ACCEPTABLE)		ſ,
Orlando FL 32801	57 DA	
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.

(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

0314428-3



To all to whom these Presents Shall Come, Greeting:

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

GENESIS VOLUNTARY BENEFITS SOLUTION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 17, 2009, 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 #: 1135602758

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 22ND

day of DECEMBER

A.D.

2011

sse White

SECRETARY OF STATE