Florida Department of State Division of Corporations

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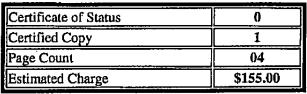
: INCORP SERVICES INC Account Name

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Managed Compliance (a) incor

Foreign Limited Liability Company Guaranteed Benefits, LLC



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COVER LETTER

SUBJECT: _	Guaranteed Benefits, LLC					
	Name of Limited Liability Company					
The enclosed "A Existence, and o	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of theck 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:					
	Amber Ragland					
	Name of Person					
	Incorp Services, Inc.					
	Firm/Company					
2360 Corporate Circle, Suite 400						
Address						
Henderson, NV 89074						
	City/State and Zip Code					
	managedcompliance@incorp.com E-mail address: (to be used for future annual report notification)					
For further infor	mation concerning this matter, please call:					
Ambe	r Ragland for Incorp Services, Inc. at (702) 866-2500					
	Name of Person Area Code & Daytime Telephone Number					
Division Registra P.O. Bo	NG ADDRESS: In of Corporations Into Section					
	check for the following amount: Filing Fee \$\int_{\text{S155.00}}\$\$ Filing Fee \$\int_{\text{Certified Copy}}\$\$ S155.00 Filing Fee \$\int_{\text{Certified Copy}}\$\$ Certified Copy					

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

IN COMPLIANCE WITH SECTION BUSIOS, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Guaranteed Benefits, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabii Company," "L.L.C," "LLC.")
2 Texas 3. N/A
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 04/06/2011 5. Perpetual (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon registration
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 990 S. Blue Mound Road
Ft Worth, Texas 76131
(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:
Member - George E. Steele 990 S. Blue Mound Road, Ft Worth, Texas 76131
Member - William E. Steele III 990 S. Blue Mound Road, Ft Worth, Texas 76131
Member - William E. Steele IV 990 S. Blue Mound Road, Ft Worth, Texas 76131
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recithe 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: Selling/Marketing
Insurance Products
Je C. Hoto
Signature of a member or an authorized representative of a member.
(In secondance with section 608.408(3), F.S., the execution of this document constitutes on affirmation under the
penalties of parjury 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.)
George E. Stecle

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	e Limited Liability Comp	pany is:			
	Guarante	eed Benefits, LLC			_
If unavailable, the	alternate to be used in the	e state of Florida is:			
2. The name and t	he Florida street address	of the registered agent and off	fice are:		
	Incor	p Services, Inc.			
(Name)					
17888 67th Court North					
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)			
	Loxahatchee	_{FL} 33470	ס		
_		City/State/Zip			
liability company at agent and agree to a relating to the prope	t the place designated in the act in this capacity. I furti er and complete performa	o accept service of process for his certificate, I hereby accept the agree to comply with the prince of my duties, and I am family as provided for in Chapter 606 Amber Ragiance (Iture)	the appointme rovisions of ali lliar with and 8, Florida Stai	nt as regis I statutes accept the tutes.	stered ;
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered a Certified Copy (optional) Certificate of Status (option	J	CRETA LAHAS	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



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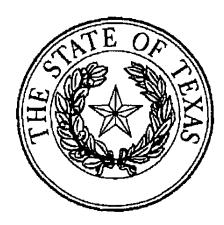
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Guaranteed Benefits, LLC (file number 801408473), a Domestic Limited Liability Company (LLC), was filed in this office on April 06, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 19, 2012.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

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