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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

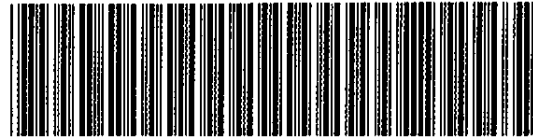
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 10 2012

NIXON PEABODY^{LLP}
ATTORNEYS AT LAW

One Citizens Plaza
Suite 500
Providence, Rhode Island 02903-1345
(401) 454-1000
Fax: (401) 454-1030
Direct: (401) 454-1169
E-Mail: pgordon@nixonpeabody.com

December 6, 2012

Via Overnight Delivery
Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

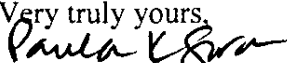
Re: Cornerstone Retirement Plan Administrators, LLC

Clerk:

In connection with the registration of Cornerstone Retirement Plan Administrators, LLC as a foreign limited liability company in Florida, I have enclosed the following documents:

- Cover letter;
- Application by foreign limited liability company for authorization to transact business in Florida;
- Certificate of Designation of Registered Agent/Registered Office;
- Certificate of Existence/Good Standing from the Rhode Island Secretary of State; and
- Check in the amount of \$130.00 for the filing fees.

Thank you for your kind attention to this matter. If you have any questions or concerns, please do not hesitate to contact me at the number above.

Very truly yours,

Paula K. Gordon, Paralegal

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Retirement Plan Administrators, 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:

Paula Gordon, Paralegal

Name of Person

Nixon Peabody LLP

Firm/Company

One Citizens Plaza, Ste. 500

Address

Providence, RI 02903

City/State and Zip Code

pgordon@nixonpeabody.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Gordon, Paralegal

Name of Person

401

at ()

454-1169

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

**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. Cornerstone Retirement Plan Administrators, 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. Rhode Island

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. 10/28/2009

(Date of Organization)

5.

perpetual

(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. 931 Jefferson Boulevard, Suite 3001

Warwick, Rhode Island 02886

(Street Address of Principal Office)

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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:

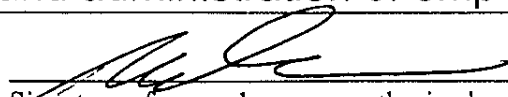
Robert F. Calise, 931 Jefferson Blvd., Ste. 3001, Warwick, RI 02886

Joseph E. Cardello, 931 Jefferson Blvd., Ste. 3001, Warwick, RI 02886

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:

the design and administration of employee benefit plans.


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.)

Robert F. Calise

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:

Cornerstone Retirement Plan Administrators, 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:

CT Corporation System

(Name)

515 East Park Avenue

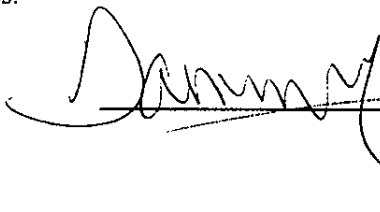
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee, FL 32301

City/State/Zip

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TALLAHASSEE, FLORIDA

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)

**Tammy Tofteroo
Vice President**

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis
Secretary of State

Certification Number: 12113158840

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that

Cornerstone Retirement Plan Administrators, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

October 28, 2009

Effective

October 28, 2009

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized
and existing under and by virtue of the laws of the State of Rhode Island and is in good
standing according to the records of this office.

SIGNED AND SEALED ON

Friday, November 30, 2012

Secretary of State

Authorized Agent

