Florida Department of State

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mokaty@foley.com Rmail Address:

> Foreign Limited Liability Company The McGuire Group, LLC

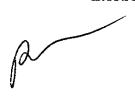
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Corporate Filing Menu

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#### WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of The McGuire Group, LLC		
(Name of Limited Liability Company)	•	
a limited liability company duly organized and existing under the laws of		
Delaware		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the		
following name to transact business in the state of Florida:		
The McGuire Group Medical Stoploss Underwriters, LLC	·	
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)	<b>-</b> *	
Date: 10/17/2013	្រដ	
<b>≥</b>	· 8	_
Signature(s) of Manager(s) and/or Managing Member(s):	T 25	
Mail Muse	် ဟံ	ļ
Mark A. Musser		C
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CR2E122 (7/07)

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

IN COMPLIANCE WITH SECTION 60x 503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S, THE FOILOWING IS SUBMITTED TO RECISTER A FOREIGN STATE OF FLORIDA:
1. The McGuire Group, LLC	omboi inviere
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
The McGuire Group Medical Stoploss U	
	of transacting business in Florida and attach a copy of the written
<sub>2</sub> Delaware	46-3196373
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
<sub>4.</sub> 7/02/2013 <sub>5.</sub>	Perpetual Fig. 2
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. I	ida, if prior to registration.) to determine penalty liability)
<sub>7.</sub> 270 First Avenue South, Suite 305A	73 ≥ 0
St. Petersburg, FL 33701	7: 5 RIDA
	f Principal Office)
9. The name and usual business addresses of the mana Mark A. Musser, 6219 Fairway Bay	
Mark A. McGuire, 7 Riverview, Suite	e 603, Houston, TX 77056
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	nitted.)
11. Nature of business or purposes to be conducted or	promoted in Florida:
Health reinsurance underwriting	
Signature of a member or an auti	horized representative of a member.
(In accordance with section 608.408(3), F.S., the execu	tion 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 a third degree felony as provided for in s.817.155, F.S.)
Mark A. Musser	a mile and an interface to the state of the second second
Typed or printed	name of signee

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#### 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:

## The McGuire Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

### The McGuire Group Medical Stoploss Underwriters, LLC

2. The name and the Florida street address of the registered agent and office are:

F & L Corp.		,	<b>A</b> E	ದ	
	(Name)			8	771
One Independent Drive, Suite 1300			ASSEI	725	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			er er	<b>=</b>	
Jacksonville	<sub>FL</sub> 32202		TATE	7: 5	
	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)

Michael A. Okaty, Authorized Agent

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

Certificate of Status (optional) 5.00

# Delaware

## The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MCGUIRE GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE MCGUIRE GROUP, LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2013

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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ATION: 0794463

DATE: 10-07-13

verify this certificate online delaware.gov/authver.shtml