

M/50000005400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUL 10 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 JUL 10 PM 2:16
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TALLAHASSEE, FLORIDA

June 29, 2015

MARLOEW & WEATHERFORD, P.A.
1150 LOUISIANA AVE STE 4
WINTER PARK, FL 32789

SUBJECT: EMPLOYERS HEALTH NETWORK, LLC
Ref. Number: W15000044452

We have received your document for EMPLOYERS HEALTH NETWORK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 815A00013636

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MARLOWE & WEATHERFORD, P.A.

Attorneys and Counselors at Law
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FLORIDA 32789-3738
(407) 629-5008

MICHAEL L. MARLOWE
WILLIAM P. WEATHERFORD, JR.
BRADLEY K. ALLEY

PLEASE REPLY TO:
POST OFFICE DRAWER 2366
WINTER PARK, FLORIDA 32790-2366
FACSIMILE (407) 740-0310

July 9, 2015

VIA FEDEX

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Drive
Tallahassee, Florida 32301

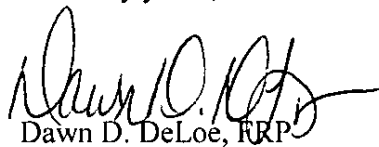
Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida - Employers Health Network, LLC, a Delaware limited
liability company

Gentlemen:

Enclosed is the original Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida for Employers Health Network, LLC, along with your
letter Number W15000044452. The Application has been signed by the registered agent.

Thank you for your assistance in this matter.

Sincerely yours,


Dawn D. DeLoe, FRP
Paralegal

FILED
15 JUN 26 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

/ddd
Enclosures
cc: Russell D. Burks

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Employers Health Network, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. 47-1678150
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. July 1, 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 25 West Jefferson Avenue, Suite 200
Naperville, Illinois 60540
(Street Address of Principal Office)
6. 25 West Jefferson Avenue, Suite 200
Naperville, Illinois 60540
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: William P. Weatherford, Jr.

Office Address: 1150 Louisiana Avenue, Suite 4
Winter Park, Florida 32789
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Russell D. Burks, 25 West Jefferson Avenue, Suite 200, Naperville, IL 60540

Orlo L. Dietrich, 48 Seagrass Lane, Isle of Palms, SC 29451

Charles E. Kramer, 25 West Jefferson Avenue, Suite 200, Naperville, IL 60540

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Russell D. Burks

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPLOYERS HEALTH NETWORK, 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 FIFTEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMPLOYERS HEALTH NETWORK, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2014.

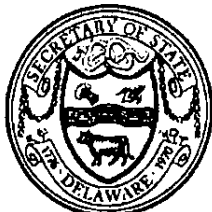
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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15 JUN 28 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5591006 8300

150921583

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2465324

DATE: 06-15-15