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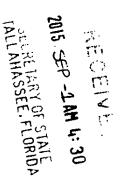
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MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS,

LLC

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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. MidAmerica Administ	rative & Retirement Solutions, LLC			5.0 ₀ drip 100 -
(Name of For	eign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.,"	or "LLC.")	
(If name unavailable, enter a Liability Company,""L.L.C.	Iternate name adopted for the purpose of transacting busing or "LLC.")	iness in Florida. The alternate n	ame must inclu	ıde "Limited
2. Delaware	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)	
4. Upon filing				
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to determ	r to registration.) nine penalty liability)		
5. 402 S. Kentucky Aver	nue, Suite 500			
Lakeland, Florida 3380				
	(Street Address of Principal Office)			
6. 402 S. Kentucky Aven	ue, Suite 500			_
Lakeland, Florida 3380	01		SEC	991
	(Mailing Address)		_ ` }∺∺	eg T
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acce	eptable)	IAR IASS	-
Name:	J. Wesley Compton	<u></u>	my -	in .
Office Address:	402 S. Kentucky Avenue, Suite 500		FES A	
	Lakeland	, Florida 33801	ORIE C	
	(City)	(Zip code)	> C	
this application, I hereby	gistered agent and to accept service of process for accept the appointment as registered agent and ag statutes relative to the froper and complete perfor	ree to act in this capacity.	I further agre	e to comply
	(Registered agent's signatur	re)		
8. The name, title or cana	city and address of the person(s) who has/have auth	ority to manage is/are		
	ger - 402 S. Kentucky Avenue, Suite 500, Lakeland,	· -		
	ager - 402 S. Kentucky Avenue, Suite 500, Lakelan			
J. Wesley Comploit, Main	ager - 402 S. Kentucky Avenue, Suite 500, Lakeian	a, Fioria 33801		
9. Attached is a certificate jurisdiction under the law of of the translator must be su	Av	eign language, a translation	g custody of re of the certifica	ecords in the ate under oath
	Signature of an authorized pen			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florid the Department of State constitutes a third degree for	a Statutes. I am aware that a elony as provided for in s.81	ny false inform 7.155, F.S.	nation
	J. Wesley Compton			

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MIDAMERICA ADMINISTRATIVE &

RETIREMENT SOLUTIONS, 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

THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

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

5813159 8300

151238478

AUTHENTY CATION: 2690420

DATE: 08-31-15

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