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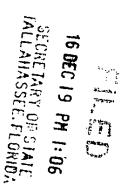
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2016

JENNIFER LABARGE 7102 N. SAM HOUSTON PKWY W, SUITE 200 HOUSTON, TX 77064

SUBJECT: EMPLOYER FLEXIBLE MANAGEMENT, LLC

Ref. Number: W16000079155



We have received your document for EMPLOYER FLEXIBLE MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,193.75.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 816A00025227

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: Employer Flexible Management, 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") Texas 274396996 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 1/1/2011 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7102 N. Sam Houston Pkwy W., Suite 200 Houston, TX 77064 (Street Address of Principal Office) 7102 N. Sam Houston Pkwy W., Suite 200 Houston, TX 77064 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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: Christopher Dollins, Partner -7102 N. Sam Houston Pkwy W., Suite 200, Houston, TX 77064 Michael Greathouse, Partner - 7102 N. Sam Houston Pkwy W., Suite 200, Houston, TX 77064 Michael Hopkins, Partner - 7102 N. Sam Houston Pkwy W., Suite 200, Houston, TX 77064 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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817.155, F.S.

Typed or printed name of signee

Christopher Dollins

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



Carlos H. Cascos Secretary of State

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 Employer Flexible Management, LLC (file number 801358539), a Domestic Limited Liability Company (LLC), was filed in this office on December 20, 2010.

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 October 26, 2016.



Phone: (512) 463-5555

Prepared by: Hermalinda Aros

Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 696247920002