

4/12/2017

Florida Department of State  
Division of Corporations  
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(((H170001004143)))



H170001004143ABCS

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**Foreign Limited Liability Company  
Work-Loss Data Institute, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,180.00

2017 APR 12 AM 11:27

APR 13 2017

**S. YOUNG**

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Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Work-Loss Data Institute, 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:

Catherine A. Boston

Name of Person

Firm/Company

300 West 57th Street

Address

New York, New York 10019

City/State and Zip Code

cbostron@hearst.com

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

For further information concerning this matter, please call:

Catherine A. Boston

at ( 212 )

649-2025

Name of Contact Person

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

17 APR 12 AM 8:05  
STATE OF FLORIDA  
TALLAHASSEE

# 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. Work-Loss Data Institute, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Texas 3. 06-1428958  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/11/2013  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3006 Bee Caves Rd, Suite A250, Austin, TX 78746

(Street Address of Principal Office)  
6. 300 West 57th Street, 40th Floor, New York, New York 10019  
(Mailing Address)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

## 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 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.

By: C T Corporation System James Halpin, Assistant Secretary  
(Registered agent's signature)

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

Richard P. Malloch, Manager, 300 West 57th Street, New York, NY 10019  
Gregory H. Dom, Manager, 300 West 57th Street, New York, NY 10019

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)

Catherine A. Boston  
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 felony as provided for in s.817.155, F.S.

Catherine A. Boston, Authorized Person  
Typed or printed name of signer

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 12 AM 8:05

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



Rolando B. Pablos  
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, Articles Of Organization for WORK-LOSS DATA INSTITUTE, LLC (file number 702299822), a Domestic Limited Liability Company (LLC), was filed in this office on January 02, 1997

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 April 11, 2017.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 12 AM 8:08



A handwritten signature in black ink, appearing to read "Rolando B. Pablos".

Rolando B. Pablos  
Secretary of State