10000877 ATTHEWS BENEFIT GROUP, INC. 2900 FOURTH STREET NORTH, SUITE A202 ST. PETERSBURG, FLORIDA 33704 Please Joswano authorization RETIREMENT PLANS CONSULTING AND Administration KAREN JAYNE Greg Matthews at BENEFIT SOFTWARE AND PUBLISHING (813) 896-8185 (Ext. 201) (813) 821-1713 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in ☐ Pick up time Certified Copy Photocopy ☐ Will wait Mail out Certificate of Status NEW FILINGS 900002872549---05/12/99--01063--004 AMENDMENTS = Profit Amendment *****35,00 *****35.00 NonProfit Resignation of R.A., Officer/Director 900002872549--8-Limited Liability Change of Registered Agent -05/12/99--01063--005 ****250.00 Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 13, 1999

GREG MATTHEWS 2900 FOURTH STREET NORTH, SUITE A202 ST. PETERSBURG, FL 33704

SUBJECT: THE 401 (K) LINK, LLC Ref. Number: W99000011274

We have received your document for THE 401 (K) LINK, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

On the application #8 the individual listed must be titled manager or managing member.,

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 899A00026411

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

irginia		3 541939922	
urisdiction under the law of which for mpany is organized)	eign limited liability	3. 541939922 (FEI number, if ap	oplicable)
March 1, 1999 (Date of Organization)		5. Perpetual (Duration: Year limited liability exist or "perpetual")	company will cease t
"upo	on qualification	- <u>-</u> ,	
(Date first transacted but	siness in Florida. (See s	ections 608.501, 608.502, and 817.1	55, F.S.)
			-
	Midlothian	Virginia 22412	
	(Street address of	Virginia 23113	
n manage the foleign limited ha	onity company in F		if necessary)
vill manage the foreign limited lia NAME & ADDRESS: Greg Matthews	TITLE: MGRM	lorida: (attach additional page NAME & ADDRESS:	if necessary) TITLE:
NAME & ADDRESS:	TITLE: MGRM	lorida: (attach additional page	if necessary)
NAME & ADDRESS: Greg Matthews	TITLE: MGRM MGRM Suite 202A	lorida: (attach additional page	if necessary)
NAME & ADDRESS: Greg Matthews 2900 4th St. N.,	TITLE: MGRM Suite 202A FL 33704	lorida: (attach additional page	if necessary)
NAME & ADDRESS: Greg Matthews 2900 4th St. N.,	TITLE: MGRM MGRM Suite 202A FL 33704	lorida: (attach additional page NAME & ADDRESS:	if necessary)
NAME & ADDRESS: Greg Matthews 2900 4th St. N.,	TITLE: MGRM Suite 202A FL 33704	lorida: (attach additional page NAME & ADDRESS:	if necessary) TITLE: 99 JUN 14 SECRETARY
NAME & ADDRESS: Greg Matthews 2900 4th St. N.,	TITLE: MGRM Suite 202A FL 33704	lorida: (attach additional page NAME & ADDRESS:	FILED SECRETARY OF SECRETARY O
NAME & ADDRESS: Greg Matthews 2900 4th St. N.,	TITLE: MGRM Suite 202A FL 33704	lorida: (attach additional page NAME & ADDRESS:	if necessary) TITLE: 99 JUN 14 P

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of $\underline{}$ The $\underline{401}$ (\underline{k}) Link, LLC
certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>1,000</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$0;
 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) 	\$ <u>1,000</u>
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber.
Greg Matthews	
Typed or printed name of signee	LED OF STANDERS IN THE PROPERTY OF STANDERS IN THE PROPERT
Filing Fee: \$250.00 for Application and Affidavit	

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 o	of the Limited Liability Company is:	
	The 401(k) Link, LLC	,
2. The name a	nd the Florida street address of the registered agent and office are:	
	Greg Matthews	
	(Name)	-
-	2900 4th Street N., Suite 202A Florida street address (P.O. Box NOT ACCEPTABLE) St. Petersburg FL 33704 City/State/Zip	FILED SECRETARY OF STATE ATTACK OF STATE OF

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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

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State Corporation Commission

I Certify the Following from the Records of the Commission:

A Virginia Limited Liability Company certificate was filed in this office on February 04, 1999 by The 401(k) Link, L.L.C..

A certificate of cancellation has not been filed in this office by The 401(k) Link, L.L.C..

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 3, 1999

CIS20502