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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*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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## MERGER OR SHARE EXCHANGE

Connextions, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
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DEC 23 2014

C. CARROTHERS

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12/23/2015 10:56:30 AM From: To: 8506176380( 2/4 )

### **COVER LETTER**

| 10:    | Division of C     |   |                    |                          |           |                                      |      |
|--------|-------------------|---|--------------------|--------------------------|-----------|--------------------------------------|------|
| SUBJ   | ECT:              | c   | Connextions, Inc.  |                          |           |                                      |      |
|        |                   | Name of Surv  | riving Corporation |                          |           |                                      |      |
| The e  | nclosed Article   | s of Merger and fee are                               | submitted for      | fîling.                  |           |                                      |      |
| Please | e return all corr | espondence concerning                                 | this matter to     | follow                   | ing:      |                                      |      |
|        |                   | Chris Houle   |                    | _                        |           |                                      |      |
|        |                   | Contact Person  |                    |                          |           |                                      |      |
|        | United            | lHealth Group Incorporated                            |                    | _                        |           |                                      |      |
|        |                   | Firm/Company  |                    |                          |           |                                      |      |
|        | 9900 B            | ren Road East, MN008-T502                             | 2                  | _                        |           |                                      |      |
|        |                   | Address   |                    | _                        |           |                                      |      |
|        | N                 | Iinnetonka, MN 55343                                  |                    | _                        |           |                                      |      |
|        |                   | City/State and Zip Code                               |                    |                          |           |                                      |      |
| E      |                   | ristine.Houle@uhg.com<br>be used for future annual re | port notification) | _                        |           |                                      |      |
| For fu | rther informati   | on concerning this matt                               | er, please call:   |                          |           |                                      |      |
|        |                   | Chris Houle   | At (               | 952                      | `         | 936-3936                             |      |
|        |                   | e of Contact Person                                   | A: (_              |                          | Area Cod  | e & Daytime Telephone Number         | •    |
|        | Certified copy (  | optional) \$8.75 (Please s                            | end an additions   | ıl copy                  | of your d | ocument if a certified copy is reque | sted |
|        | STREET AL         |   |                    | MAILING ADDRESS:         |           |                                      |      |
|        | Amendment S       |   |                    | Amendment Section        |           |                                      |      |
|        | Division of C     |   |                    | Division of Corporations |           |                                      |      |
|        | Clifton Build     |   |                    | P.O. Box 6327            |           |                                      |      |
|        | Tallahassee, l    | ve Center Circle<br>Florida 32301                     |                    | l alla                   | hassee,   | Florida 32314                        |      |

First: The name and jurisdiction of the surviving corporation:

## ARTICLES OF MERGER (Profit Corporations)

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

| Name  | Jurisdiction  | Document Number  (If known/applicable)            |
|---|---|---|
| Connextions, Inc.   | Florida   | (If known/applicable)                             |
| Second: The name and jurisdiction of ea   | nch merging corporation:  | ARY (   |
| Name  | <u>Jurisdiction</u>   | Document Number STATE (If known/applicable) ORDER |
| bConnected Software, Inc.   | Delaware  | RE RECEIVED                                       |
|   |   |   |
|   |   | <del></del>                                       |
|   |   |   |
| Third: The Plan of Merger is attached.  Fourth: The merger shall become effect  | ive on the date the Articles of M                                     | erger are filed with the Florida                  |
| Department of State.  |   | organ and mad what the French                     |
| OR 12 / 28 / 2015 (Enter a spe than 90 day                                      | cific date. NOTE: An effective date ca<br>ys after merger file date.) | nnot be prior to the date of filing or more       |
| Fifth: Adoption of Merger by surviving. The Plan of Merger was adopted by the s |   |   |
| The Plan of Merger was adopted by the becember 22, 2015 and sharehold           |   | g corporation on                                  |
| Sixth: Adoption of Merger by merging The Plan of Merger was adopted by the s    |   |   |
| The Plan of Merger was adopted by the b   | oard of directors of the merging                                      | corporation(s) on                                 |

(Attach additional sheets if necessary)

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