Filing Fee: \$150.00



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

### LIMITED LIABILITY COMPANY

#### APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:			
	BENEFIT ADVISORS SERVICES GROUP, LLC			
	This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)			
2.	The name, if different, under which it proposes to regis	ster and transact business in RI	hode Island is:	
	IBX			
3.	The limited liability company is organized under the la	ws of GEORGIA		
4.	. The date of its organization is			
5.	The period of duration of the limited liability company is (if perpetual, so state)			
6.	The address of the limited liability company's resident agent in Rhode Island is:			
	222 JEFFERSON BLVD., SUITE 200	WARWICK	, RI <b>02888</b>	
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is	CORPORATION SERVICE COM	IPANY	
	(Name of Agent)			
7.	The secretary of state is appointed the agent of the f time there is no resident agent or if the resident agent diligence.	foreign limited liability company cannot be found or served follo	y for service of process if at any owing the exercise of reasonable	
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdict	ion under the laws of which the	
	1120 SANCTUARY PARKWAY, SUITE 375			
	ALPHARETTA, GA 30009			
9.	The mailing address for the limited liability company is:	:		
	701 B STREET, 6TH FLOOR			
	SAN DIEGO, CA 92101		FILED	
For	m No. 450	SEI	P 0 7 2012 11/2	
_	54- 07/40			

Revised: 07/12

BY 12118366

10.	Management of the Limited Liability	/ Company:	
A	A. The limited liability company is to be managed by its members. (If you have checked this box, go to ino. 11.)		
		<u>or</u>	
B. The limited liability company is to be managed  by one (1) or more managers. (If the company has managers at the time of the filing of these Articles of Organization, state address of each manager.)			
	Manager	<u>Address</u>	
T	HOMAS W. CORBETT	1301 DOVE STREET, SUITE 200, NEWPORT BEACH, CA 92660	
P	. GREGORY ZIMMER, JR.	1301 DOVE STREET, SUITE 200, NEWPORT BEACH, CA 92660	
	EROLD D. HALL	1301 DOVE STREET, SUITE 200, NEWPORT BEACH, CA 92660	
12. T	authorized officer of the jurisdiction un he date this Application for Registration	pertificate of good standing duly authenticated by the secretary of state or other der which the foreign limited liability company was organized. On is to become effective, if later than the date of filing, is:	
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.	

Control No. 11060329

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### BENEFIT ADVISORS SERVICES GROUP, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 08/10/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 4th day of September, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 9300262-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

