

No Filing Fee (See Instructions)

ID Number: 00004781



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

APPLICATION FOR TRANSFER OF AUTHORITY

Home Benefits, LLC

(Insert full name of the entity following the transfer)

SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (**check one box only**):

- ☐ Non-Profit Corporation or ☒ Business Corporation or ☐ Limited Liability Company or  
☐ Limited Partnership or ☐ Limited Liability Partnership

submits the following Application for the purpose of transferring its authority to a (**check one box only**):

- ☐ Limited Partnership or ☒ Limited Liability Company or ☐ Business Corporation or  
☐ Limited Liability Partnership or ☐ Non-Profit Corporation

a. The name of the entity filing this application for transfer is:

HOME BENEFITS, INC.

b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:

06-23-1988

c. The jurisdiction upon transfer of authority:

Delaware

d. The name of the entity following the transfer of authority is:

HOME BENEFITS, LLC

e. The application for transfer is filed as an accompanying certificate to the ☐ certificate of registration for a limited partnership or ☒ application for registration for a limited liability company or ☐ application for certificate of authority for a business corporation or ☐ application for certificate of authority for a non-profit corporation or ☐ notice of registration for a registered limited liability partnership (**check one box only**).

f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

SEP 18 2017

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
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**SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 09/15/2017

\_\_\_\_\_  
Print Name of Other Entity

OR

\_\_\_\_\_  
Print Name of Partnership

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Partner

HOME BENEFITS, INC.

\_\_\_\_\_  
Print Name of Corporation

OR

\_\_\_\_\_  
Print Name of Limited Liability Company

By:   
Signature of Authorized Person

Kristen Espinales, Attorney-in-Fact

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person

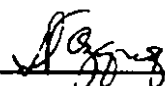
## Limited Power of Attorney

The undersigned Officer of **HOME BENEFITS, Inc.**, a Delaware entity ("the Company"), appoints Kristen Espinales as attorneyin fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Damaysi Vazquez, Special Secretary grants to the attorneyin fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

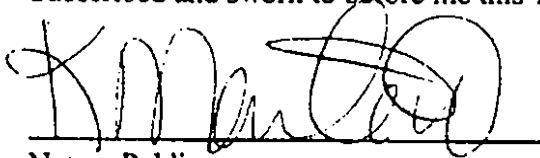
The undersigned has executed this Limited Power of Attorney effective as of this 13th day of September, 2017.

**HOME BENEFITS, Inc.**

By:   
Name: Damaysi Vazquez  
Title: Special Secretary

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 13th day of September, 2017.

  
Notary Public



Karen Montano  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF911585  
Expires 8/20/2019



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

September 18, 2017 01:26 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

