



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 STATE
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 JUL 29 AM 11:41

Certificate of Authority
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Visionary Association, Inc.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of: Texas		
3. The date of its incorporation is: 09-18-18		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: 500 North Central Expressway Suite 325 Plano, Texas 75074		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Corporate Creations Network, Inc.		
Street Address (NOT a P.O. Box) 10 Dorrance Street # 700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

RECEIVED
 STATE
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2019 AUG 13 PM 12:00

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
AUG 13 2019
 KL 9KZSG
 12:00

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

The purpose for which the corporation is organized is to provide an array of benefits to employers, employer groups, employee groups, associations, unions, and/or individuals, which would assist these entities to provide and stabilize the costs of employee benefits, including, but not limited to, medical and non-medical

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Gail Hubert	500 North Central Expressway Suite 325 Plano, Tx 75074
Director		
Director		
President	Gail Hubert	500 North Central Expressway Suite 325 Plano, Tx 75074
Vice President		
Treasurer	Alan Hall	5625 NW Central Dr. #D-100 Houston, Tx 77092
Secretary	Dawna Hubert	500 North Central Expressway Suite 325 Plano, Tx 75074

Check the box to indicate an attachment

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of President OR Vice President

Date

Gail Hubert

07/24/2019

Signature of President OR Vice President

SIGN DOCUMENT HERE

Type of Print Name of Secretary OR Assistant Secretary

Date

Dawna Hubert

07/24/2019

Signature of Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

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



Jose A. Esparza
Deputy Secretary of State

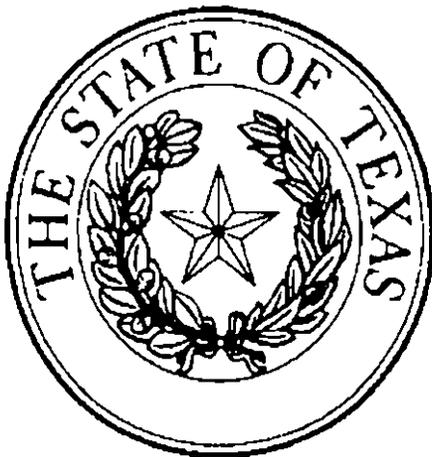
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Visionary Association, Inc. (file number 803127219), a Domestic Nonprofit Corporation, was filed in this office on September 18, 2018.

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 July 23, 2019.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State



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:

August 13, 2019 12:00 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

