



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

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:		
Co-Ordinated Benefit Plans, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
N/A		
2. The LLC is organized under the laws of: Florida		
3. The date of its organization is: 05/11/2009		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
THIRD PARTY ADMINISTRATOR OF INSURANCE PLANS TITLE: 7-1.2-1405		
Check the box to indicate an attachment <input type="checkbox"/>		

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 FEB 27 A 11:10

FILED

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MAIL TO:

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

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

18167 U.S. Highway 18 N., Suite 180, Clearwater, FL 33764

8. The mailing address for the limited liability company is:

18167 U.S. Highway 18 N., Suite 180, Clearwater, FL 33764

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Christopher M. Lyons	18167 U.S. Highway 18 N., Suite 180, Clearwater, FL 33764
Suzanne E. Whalen	18167 U.S. Highway 18 N., Suite 180, Clearwater, FL 33764
Kevin H. Leys	18167 U.S. Highway 18 N., Suite 180, Clearwater, FL 33764

10. 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 filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

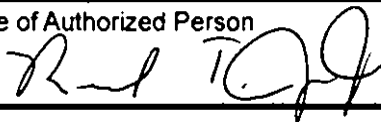
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

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.

Type or Print Name of LLC
Co-Ordinated Benefit Plans, LLC

Date
2/12/2020

Signature of Authorized Person



State of Florida

Department of State

I certify from the records of this office that CO-ORDINATED BENEFIT PLANS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 11, 2009, effective July 23, 1980.

The document number of this limited liability company is L09000045488.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on January 7, 2020, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of February,
2020*



Samuel R. Bruce
Secretary of State

Tracking Number: 8043787121CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

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