



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: <input checked="" type="radio"/>		
HealthPlanOne, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is: <input checked="" type="radio"/>		
2. The LLC is organized under the laws of: <input checked="" type="radio"/> Connecticut		
3. The date of its organization is: <input checked="" type="radio"/> 1/9/2006		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="radio"/>		
<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: <input checked="" type="radio"/>		
Agent Name Business Filings Incorporated		
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: <input checked="" type="radio"/>		
Insurance Brokerage		
Check the box to indicate an attachment <input type="checkbox"/>		

2021 SEP 21 PM 12:20
 RI DEPT OF STATE
 BUS SVCS DIV

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

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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: 🌐
 35 Nutmeg Drive Ste. 220, Trumbull, Connecticut 06611

8. The mailing address for the limited liability company is: 🌐
 35 Nutmeg Drive Ste. 220, Trumbull, Connecticut 06611

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) 🌐

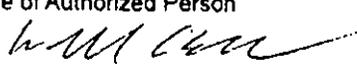
MANAGER	ADDRESS
William Stapleton	35 Nutmeg Drive, Ste. 220, Trumbull, Connecticut 06611

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 30 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 HealthPlanOne, L.L.C	Date 9/8/2021
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Signature of Authorized Person
 William Stapleton, Manager

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Secretary of the State of Connecticut
Certificate of Legal Existence
Express Certificate

Date Issued: September 20, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	HEALTHPLANONE, LLC
Business ALEI	US-CT.BER:0844704
Formation Date	01/09/2006



Secretary of the State

Business ALEI: US-CT.BER:0844704

Certificate Number: C-00009146

Note: To verify this certificate, visit <http://www.business.ct.gov>



State of Rhode Island
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,
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 22, 2021 12:20 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

