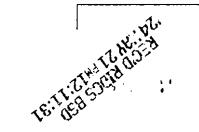


## Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16-4</u> applies for a Certificate of Registration to to purpose submits the following statement:				
1. The name of the limited liability compa	any is:			
MidAmerica Administrative 8	Retirement Solutions	, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 🔲 No 📝				
The name, if different, under which it pro	poses to register and transact b	usiness in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware				
3. The date of its organization is: 08/31	1/2015			
And the period of its duration is: CHECK ONE BOX ONLY				
✓ Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident	t agent/office in Rhode Island is			
Agent Name Corporation Service C	ompany			
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
5. The purpose or purposes which it prop	poses to pursue in the transacti	on of business in Rhode Island a	are:	
health & retirement benefits				
			•	
		Check the box to indicate	e an attachment	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov M7 FILED [21] 

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:					
2855 Interstate Drive, Suite 115, Lakeland, FL 33805					
8. The mailing address for the limited liability company is:					
2855 Interstate Drive, Suite 115, Lakeland, FL 33805					
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY					
Members (Owners) OR ✓ Manager(s). Complete the chart below. DO NOT complete the chart below.					
	MANAGER(S) NAME	ADDRESS			
	Megan Schneider	99 Wood Avenue South, Ste 501, Iselin, NJ 08830			
	Matthew Riordan	99 Wood Avenue South, Ste 501, Iselin, NJ 08830			
	Check the box to indicate an attachment				
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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		Date			
MidAmerica Administrative & Retirement Solutions, LLC		5/13/2024			
Signature of Authorized Person					
Megan Schneider					

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MIDAMERICA ADMINISTRATIVE & RETIREMENT

SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF

MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203473354

Date: 05-14-24

5813159 8300 SR# 20242124745