

F18000002935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

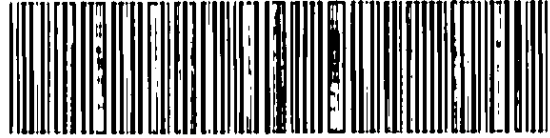
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA sign W18-58154

Office Use Only



100314867301

18 JUN 21 PM 2:01

FILED
18 JUN 21 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUN 25 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 268978 4337669

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : June 20, 2018

ORDER TIME : 11:57 AM

ORDER NO. : 268978-015

CUSTOMER NO: 4337669

FOREIGN FILINGS

NAME: BEACON HEALTH OPTIONS CARE
SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beacon Health Options Care Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Diane Wilson
Name of Person

Beacon Health Options
Firm/Company

240 Corporate Blvd.
Address

Norfolk, VA 23502
City/State and Zip code

diane.wilson@beaconhealthoptions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Wilson at (757) 459-5168
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Beacon Health Options Care Services, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware _____ 3. 82-5334761 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/13/2015 _____ 5. Perpetual _____
(Date of incorporation) (Date of duration, if other than perpetual)

Upon filing

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 State Street, Suite 302, Boston, MA 02109 _____
(Principal office address)

240 Corporate Blvd., Norfolk, VA 23502 _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company _____

Office Address: 1201 Hays Street _____

Tallahassee _____, Florida 32301 _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: Emily Croft _____ Emily Croft
(Registered agent's signature) Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
 JUN 21 AM 8:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Daniel M. Risku, Secretary _____

(Typed or printed name and capacity of person signing application)

FILED
JUN 21 AM 8:40
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Beacon Health Options Care Services, Inc.
Officers and Directors**

Russell C. Petrella
200 State Street
Boston, MA 02109

President/Director

Daniel M. Risku
200 State Street
Boston, MA 02109

Secretary/Director

Rebecca L. Marshall
240 Corporate Blvd.
Norfolk, VA 23502

Assistant Treasurer

Rebecca H. White
240 Corporate Blvd.
Norfolk, VA 23502

Assistant Secretary

FILED
18 JUN 21 AM 8 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON HEALTH OPTIONS CARE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEACON HEALTH OPTIONS CARE SERVICES, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 2018.

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



6843233 8300

SR# 20185283245

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202929454

Date: 06-21-18