

M 20000004354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

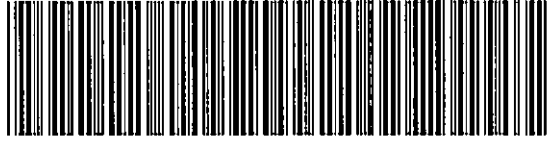
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
w200000037455

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

45 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2020

MICHAEL CARDER  
101 HUNTINGTON AVENUE  
SUITE:1300  
BOSTON, MA 02199-7611

SUBJECT: ZAFFRE HEALTH PLAN SOLUTIONS LLC  
Ref. Number: W20000037455

We have received your document for ZAFFRE HEALTH PLAN SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 820A00007925

RECEIVED  
MAY 13 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zaffre Health Plan Solutions LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Carder  
Name of Person

Zaffre Health Plan Solutions, LLC  
Firm/Company

101 Huntington Avenue Suite 1300  
Address

Boston, MA 02199-7611  
City/State and Zip Code

Amanda.Hightower@bcbsma.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Amanda Hightower at ( 617 ) 246-5683  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Zaffre Health Plan Solutions LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Massachusetts  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3770181  
(FEI number, if applicable)

4. 01-01-2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 Huntington Ave. ST.1300 Boston MA 02199  
(Street Address of Principal Office)

6. 101 Huntington Ave. ST.1300 Boston MA 02199  
(Mailing Address)

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

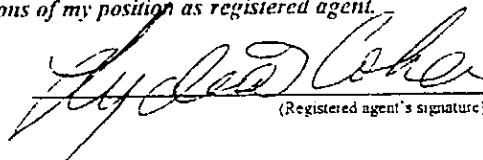
Name: Corporation Service Company

Office Address: 109 Hamilton Park Dr

Tallahassee, FL 32304  
(City) Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

  
(Registered agent's signature)

Lydia Cohen  
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:  
 Manager Name: Andreana Santangelo  
 Member Address: 101 Huntington Ave  
 Authorized Suite 1300  
 Person Boston MA 02199-7611  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: Patrick Gilligan  
 Member Address: 101 Huntington Avenue  
 Authorized Suite 1300  
 Person Boston MA 02199-7611  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

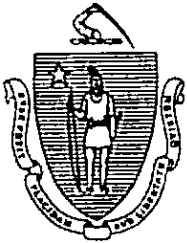
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Andreana Santangelo

Typed or printed name of signee



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02183*

William Francis Galvin  
Secretary of the  
Commonwealth

March 9, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**ZAFFRE HEALTH PLAN SOLUTIONS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C, § 5, 2019.

I further certify that said Limited Liability Company has filed all annual reports and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**ANDREW DREYFUS, STEPHANIE LOVELL, PHYLLIS YALE, TIMOTHY SWEENEY**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ANDREW DREYFUS, STEPHANIE LOVELL, PHYLLIS YALE, TIMOTHY SWEENEY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ANDREW DREYFUS, STEPHANIE LOVELL, PHYLLIS YALE, TIMOTHY SWEENEY**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth



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