

BB6000000407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

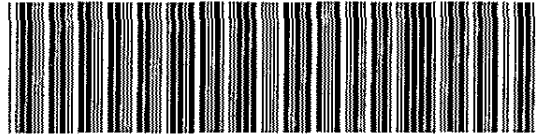
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Alliance Benefits Company, LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Deanna Stanley

(Contact Person)

Kennedy Licensing Service, Inc.

(Firm/Company)

2501 Thomas Avenue

(Address)

Dallas, TX 75201

(City, State and Zip Code)

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SECRETARY'S OFFICE

For further information concerning this matter, please call:

Deanna Stanley at (214) 855-0737
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET 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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Summit Alliance Benefits Company, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Texas

(State or Country of Formation)

3. 2/23/04

(Date of Formation)

4. John D. Hatch, Esquire

(Name of Registered Agent for Service of Process)

5. 1267 Berkshire Lane, Suite 200

(Florida street address for Registered Agent)

Tarpon Springs, FL 34688

6. 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.



Signature of Registered Agent

7. 1501 LBJ Freeway, Suite 250

(Principal office address)

Dallas, TX 75234

8. If limited partnership is a limited liability limited partnership, check box ☐

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STREET FILE
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9. 1501 LBJ Freeway, Suite 250

(Mailing address)

Dallas, TX 75234

10. Name, principal office address, and mailing address of each general partner:

SEE ATTACHED LIST

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 10th day of May, 2006.

Signature of a general partner:

Michael E. Lester

Michael E. Lester, Manager for LP

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SECRETARY OF STATE
JULY 10 2006

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

SUMMIT ALLIANCE BENEFITS COMPANY, LP
PARTNERS / OFFICERS

Apex Benefits Holdings, LLC
1% Stockholder / General Partner
1501 LBJ Freeway, Suite 250
Dallas, TX 75234

MD6000006183

Summit Alliance Capital, LLC
99% Stockholder / Limited Partner
1501 LBJ Freeway, Suite 250
Dallas, TX 75234

MD6000006184

Michael E. Lester
Manager for both of the above
5200 Spicewood Lane
Frisco, TX 75034

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

MAY 05 2006

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for Summit Alliance Benefits Company, LP (filing number: 800307839), a Domestic Limited Partnership (LP), was filed in this office on February 23, 2004.

It is further certified that the entity status in Texas is in existence.

FILED
SECRETARY OF STATE
JANUARY 11 2006
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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 28, 2006.



A handwritten signature of Roger Williams in cursive script.

Roger Williams
Secretary of State