F11000003581

(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:

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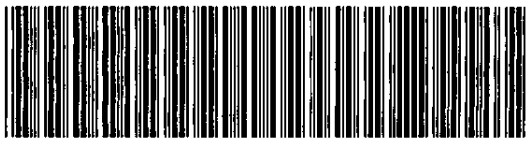

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRISTAR BENEFIT ADMINISTRATORS, 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:

Janice Null
Name of Person

Incorp Services, Inc.
Firm/Company

2360 Corporate Circle, Suite 400
Address

Henderson, NV 89074-7722
City/State and Zip code

inga.sanders@tristargroup.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Null for Incorp Services, Inc. at (702) 866-2500
Name of Person — Area Code & Daytime Telephone Number

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

MAILING ADDRESS:
New Filing 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.

1. TRISTAR BENEFIT ADMINISTRATORS, INC.
(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. California
(State or country under the law of which it is incorporated)

3. 38-3739503
(FEI number, if applicable)

4. 07/28/2006
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

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

7. 100 Oceangate, Suite 700, Long Beach, CA 90802
(Principal office address)

100 Oceangate, Suite 700, Long Beach, CA 90802
(Current mailing address)

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TALLAHASSEE, FLORIDA

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8. Third Party Administrator for Health Care Benifits
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee (City), Florida 33470 (Zip code)

10. **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.

Janice Null on behalf of Incorp Services, Inc.
(Registered agent's signature)

11. 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.

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AND
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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Tom Veale

Address: 100 Oceangate, Suite 700
Long Beach, CA 90802

Vice Chairman: _____

Address: _____

_____

Director: Joe McLaughlin

Address: 486 King Mountain Road
Durango, CO 81303

Director: Denise Cotter

Address: 100 Oceangate, Suite 700
Long Beach, CA 90802

B. OFFICERS

President: Tom Veale

Address: 100 Oceangate, Suite 700
Long Beach, CA 90802

Vice President: Joe McLaughlin

Address: 486 King Mountain Road
Durango, CO 81303

Secretary: Denise Cotter

Address: 100 Oceangate, Suite 700, Long Beach, CA 90802

Treasurer: Denise Cotter

Address: 100 Oceangate, Suite 700, Long Beach, CA 90802

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

13. ✓ Denise Cotter
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Denise Cotter / Director
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

TRISTAR BENEFIT ADMINISTRATORS, INC.

FILE NUMBER:	C2890130
FORMATION DATE:	07/28/2006
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 16, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State