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(Requestor's Name)				
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Office Use Only



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COVER LETTER

TO:	Registration Section							
	Division of Corporations Leavitt Group Benefit Services of Arizona, Inc.							
CHRI	JECT:	enem Services	oi Arizona, inc	>.				
SOD	ECI	Name of	corporation -	must include suffix				
Dear S	Sir or Madam:							
"Certi	nclosed "Application by ficate of Existence," or referenced foreign con	"Certificate of	f Good Stand	ing" and check are sub	ct Business in Florida," omitted to register the			
	e return all corresponde Bearnson	nce concerning	g this matter t	o the following:				
			Name of P	erson				
Leavit	t Group Enterprises, Inc.							
216 S	200 W		Firm/Comp	any				
			Addres	s				
Cedar	City, UT 84720							
			City/State and	d Zip code				
katie-j	ones@leavitt.com		•	•				
-	E-	mail address: (to be used fo	r future annual report	notification)			
For fu	orther information conc	erning this mat	ter, please ca	11:		T		
Katie Bearnson		435	8653825		[1]			
	Name of Person	af	Area Code	Daytime Telep	hone Number	FILED		
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					
Enclo	sed is a check for the fo	ollowing amou	nt:					
3 \$7	0.00 Filing Fee	\$78.75 Filing l Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 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. Leavitt Group Benefit Services of Arizona, 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) Arizona 20-8695075 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 8/25/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 919 N 1st Street Phoenix, Arizona 85004 (Principal office address) 216 S 200 W Cedar City, UT 84720 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT_acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Florida (City) 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

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.

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

	ECTORS Bracken Longhurst	
	:	
Was Chai	Rick Shuckerow	
vice Chai	rman:	
	Jim Farmer	
Director:	919 N 1st Street Phoenix, Arizona 85004	
	71714 Ist Gueet I Hooma, I alzona osoo i	
	Vance Smith	
Director:	216 S 200 W Cedar City, UT 84720	
Address:		
President:	Bracken Longhurst 216 S 200 W Cedar City, UT 84720	
	Rick Shuckerow	<u> </u>
Vice Pres	ident:	
Address:	216 S 200 W Cedar City, 01 84720	
	Mark G. Kenney	
Secretary	: 216 S 200 W Cedar City, UT 84720	
Address:	Mike Leavitt	多人 5
Treasurer		
Address:	216 S 200 W Cedar City, UT 84720	
NOTE:	If necessary, you may attach an addendum to the application listing addition	al officers and/or directors.
12.	MMM. Louna	
The office are true a third de Mark	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to egree felony as provided for in s.817.155, F.S. k G. Kenney - Secretary	
13	(Typed or printed name and conscity of person signing appli	antinu





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

***LEAVITT GROUP BENEFITS SERVICES OF ARIZONA, INC. ***

a domestic corporation organized under the laws of the State of Arizona, did Incorporate on May 04 2007.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificates.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 6th day of January, 2017, A. D.



Jodi A. Jerich Executive Director

... 1567125

By: ____