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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

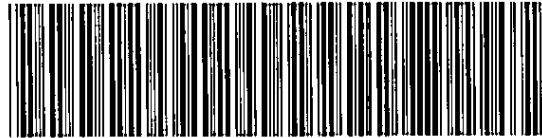
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG -2 AM 8:16

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August 1, 2018

SENT VIA EXPRESS MAIL

Florida Department of State
Division of Corporations
Registration Section, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Complete Benefit Administrators, Inc.
FEIN # 83-1086531
Registration with Secretary of State – Third Party Administrator
Our File Number: 7112

Dear Sir or Madam:

We have been retained by Complete Benefit Administrators, Inc. to file the enclosed application for registration in your state.

We enclose the following for your consideration:

- Completed Application for Registration, with resident agent signature
- Certificate of Good Standing from Domicile State
- Filing Fee of \$70.00
- List of Officers

In order to submit an application for license as a Third Party Administrator with your state's Department of Insurance, we must first be licensed with your Secretary of State. Enclosed is the completed application for registration.

Please be advised that the applicant does not plan on using any fictitious or "DBA" name.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

A handwritten signature in black ink, appearing to read "Kevin Wiggs", with a horizontal line underneath.

Kevin Wiggs
Associate Consultant
E-mail: kevin.wiggs@firstconsulting.com
Extension: 2736

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete 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:

Lexi Janssen

Name of Person

First Consulting & Administration

Firm/Company

929 Walnut, Suite 300

Address

Kansas City, MO 64106

City/State and Zip code

lexi.janssen@firstconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Meyer

833

617-3863 x700

at ()

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.

1. Complete Benefit Administrators, Inc.

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

N/A

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

2. Illinois _____ 3. 83-1086531
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/22/18 _____ 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. N/A - 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. 1580 S. Milwaukee Ave., Suite 505, Libertyville, IL 60048

 (Principal office address)

_____ (Current mailing address, if different)

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
 (City) (Zip code)

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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.

Sheryl A Goble Sheryl A Goble, Asst Sec.
 (Registered agent's signature)

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:

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: See Attached List

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. Kenneth Meyer, President

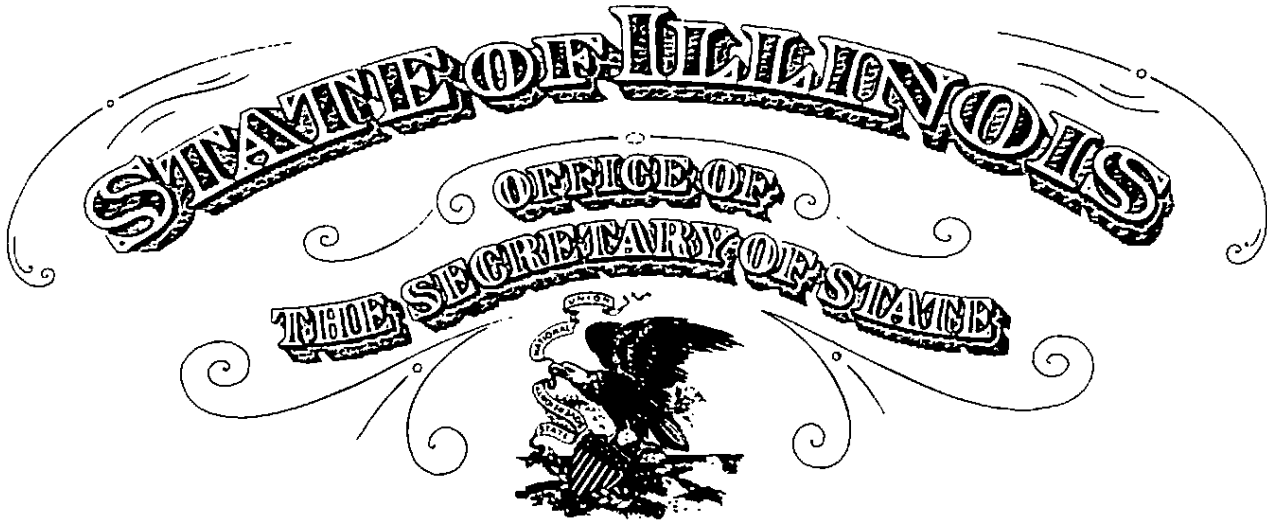
(Typed or printed name and capacity of person signing application)

Officers and Directors of Complete Benefit Administrators, Inc.

NAME	TITLE	RESIDENT ADDRESS
Kenneth Meyer	President/Partner	956 Highgate Lane, Grayslake, IL 60030
Gregory Santulli	Partner	2365 Bellefonte Avenue, Lawrenceville, GA 30043

File Number

7188-527-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

COMPLETE BENEFIT ADMINISTRATORS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 22, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of JULY A.D. 2018 .



Authentication #: 1820700968 verifiable until 07/26/2019
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE