

1/20/2021

Division of Corporations

F210000027344378

Florida Department of State
Division of Corporations
Electronic Filing Center

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000027344 3)))



H210000273443ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

2021 JAN 20 PM 4:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2021 JAN 20 PM 4:59

FOREIGN PROFIT/NONPROFIT CORPORATION
Evernorth Care Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$78.75

US
1/21/21

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. Evernorth Care Solutions, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Delaware 3. 86-1465626
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 11, 2021 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. One Express Way, St. Louis, MO 63121
(Principal office address)
(Current mailing address, if different)

FILED
2021 JAN 20 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System

By: by: Chris Rickard, Assistant Secretary

(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

Please see the attached rider.

Chairman

Address:

Vice Chairman

Address:

Director

Address:

Director

Address:

FILED
2021 JAN 20 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

B. OFFICERS

Please see the attached rider.

President

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. /s/ Jill Stadelman

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. Jill Stadelman, Secretary

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

EVERNORTH CARE SOLUTIONS, INC.
 Application by Foreign Corporation for Authorization to Transact Business in Florida

Rider to Item Eleven

Director of Evernorth Care Solutions, Inc.

<u>Name</u>	<u>Title</u>	<u>Address</u>
Amy C. Cook	Director	900 Cottage Grove Road Bloomfield, CT 06002

Officers of Evernorth Care Solutions, Inc.

<u>Name</u>	<u>Title</u>	<u>Address</u>
Joan Harvey	President	900 Cottage Grove Road Bloomfield, CT 06002
Eva Borden	Vice President	900 Cottage Grove Road Bloomfield, CT 06002
Timothy Buckley	Vice President	900 Cottage Grove Road Bloomfield, CT 06002
Mark Fleming	Vice President and Assistant Treasurer	900 Cottage Grove Road Bloomfield, CT 06002
Joanne Hart	Vice President and Assistant Treasurer	900 Cottage Grove Road Bloomfield, CT 06002
Scott Lambert	Vice President, Treasurer and Assistant Treasurer	900 Cottage Grove Road Bloomfield, CT 06002
John Mimplitz	Vice President	900 Cottage Grove Road Bloomfield, CT 06002
Drew Reynolds	Vice President and Assistant Treasurer	900 Cottage Grove Road Bloomfield, CT 06002
David Scheibe	Vice President	900 Cottage Grove Road Bloomfield, CT 06002
Jill Stadelman	Secretary	900 Cottage Grove Road Bloomfield, CT 06002

Jane Jusino	Assistant Secretary	900 Cottage Grove Road Bloomfield, CT 06002
Sandra Schmehl	Assistant Secretary	900 Cottage Grove Road Bloomfield, CT 06002
Susan Metrow	Assistant Secretary	900 Cottage Grove Road Bloomfield, CT 06002
Lynn Perez	Assistant Secretary	900 Cottage Grove Road Bloomfield, CT 06002

FILED
2021 JAN 20 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERNORTH CARE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

FILED
2021 JAN 20 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL



4530931 8300

SR# 20210086210

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202267820

Date: 01-12-21