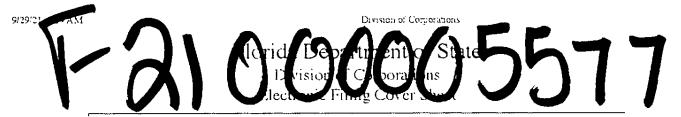
To: 18506176383 From: 12147128131 Date: 09/29/21 Time: 6:17 AM Page: 01/04



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.

(((H210003641103)))



H210003641103ABCS

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 : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

8

٠.					
Smail	Address:				
~		 	 	 	

FOREIGN PROFIT/NONPROFIT CORPORATION

New Horizon Benefit Administrators, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help



To: 18506176383 From: 12147128131 Date: 09/29/21 Time: 5:17 AM Page: 02/04

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H21000364110 3)))

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.

Of name unavaila	ble in Florida, enter alternate comorate name ador	oted for the purpose of transacting business in Florida)
Turner	•	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	
11720 Katy Frwy	Suite 1700. Houston, TX, 77079	
	(Principal office st	treet address)
		11 'C F CC (A)
	(Current mailing ad taddress of Florida registered agent: (P.O. Be LEGALINC CORPORATE SERVICES INC.	
Name:	t address of Florida registered agent; (P.O. Be	
Name:	t address of Florida registered agent: (P.O. Be LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS BLVD STE 400	ox <u>NOT</u> acceptable)
Name:	t address of Florida registered agent: (P.O. Bo LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS BLVD STE 400	ox <u>NOT</u> acceptable)
Name: Office Address: Registered age laving been nam lesignated in this urther agree to co	t address of Florida registered agent: (P.O. Be LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS BLVD STE 400 FORT MYERS (City) ont's acceptance: ed as registered agent and to accept service of application. I hereby accept the appointment omply with the provisions of all statutes relativith and accept the obligations of my position.	ox NOT acceptable) , Florida = \frac{33907}{(Zip code)} of process for the above stated corporation at the performance of my to the proper and complete performance of my

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.

(((H21000364110 3)))

(((H21000364110 3)))

A. DIRECTORS	i			
□ Chnicman	Name: Bill Chen	□Chairmen	Name: Mary Frazier	
□Vice Chairman	Address:	□Vice Chairman	Address: 11720 Katy Frwy, Suite 1700,	
Director	Houston, TX, US, 77079	■Director	Houston, TX, US, 77079	
President		□President		
□Vice President		□Vice President		
☐ Secretary	■ Treasurer	■ Secretary	☐Treasurer	
□Other	Other	□Other		
□ Chairman	Name:	□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	
□ Director		□ Director		
□ President		□President		
□ Vice President _		□Vice President		
☐ Sccretary	☐ Treasurer	□ Secretary	☐Treasurer	
□Other	Other	□Other		
□Chai⊓nan N	Name:	□Chairman N	Jame:	
	Address:		Address:	
mo:		Director	Address:	
□President		□ President		
		□ Vice President _		
□ Sccretary	□Treasurer	☐Secretary	□Treasurer	
Other	Other	Other		
Important Notice: Uso individuals may be add	ag attachment to const more than six (6). The a			
The officer of	Signature of Directo			
she is aware that false is s.817.155, F.S.	signing this document (and who is listed in num information submitted in a document to the Depi	bor 11 above) affirms that if artiment of State constitutes:	ne facts stated herein are true and that he or a third degree felony as provided for in	
13. <u>Bl</u>	(Typed or printed name and capacity of per			
	(1 yped or printed name and capacity of per	rson signing application)		

To: 18506176383 From: 12147128131 Date: 09/29/21 Time: 6:17 AM Page: 04/04

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



Jose A. Esparza Deputy Secretary of State

(((H21000364110 3)))

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for NEW HORIZON BENEFIT ADMINISTRATORS, INC. (file number 158659800), a Domestic For-Profit Corporation, was filed in this office on June 15, 2000.

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

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 September 22, 2021.



Jose A. Esparza Deputy Secretary of State

(((H21000364110 3)))