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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION Benefit Health Plan Incorporated

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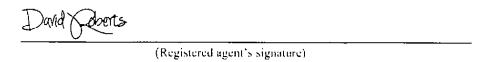
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. Benefit He	ealth Plan Incorporated			
(Enter name of c	corporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	siness in Florida)	
<sub>2.</sub> Wyomir	ng ,			
(State or country under the law of which it is incorporated)		(FEI number, it applicable)		
10/11/20	024			
(Date of incorporation)		(Date of duration, if other than p	perpetual)	
6.				
	(Date first transacted business in FloSEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liability)		
<sub>7.</sub> 7901 4th	St N STE 300 St. Peters			
	(Principal office s	treet address)		
7901 4th S	St N STE 300 St. Petersburg, FL 3	33702		
	(Current mailing ac	ldress, if different)		
8. Name and <u>stre</u>	<u>ct address</u> of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	2824 00	
Name:	Registered Agents Inc		٠,	
Office Address:	7901 4th St N STE 300	_	52	
	St. Petersburg	Florida 33702	ن ن	
	(City)	Florida 33702 (Zip code)	5: 03	

#### 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.



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.

A. DIRECTORS				
□ Chairman	Name: McClure, William	□ Chairman	Name: Bullock, Kristin	1
∏Vice Chairman	Address: 7901 4th St N STE 300	FiVice Chairman	Address: 7901 4th St N STE	300
X! Director	St. Petersburg FL 33702	⊠ Director	St. Petersburg FL 3370	
□ President		⊠President		
□Vice President		□Vice President		
⊠Secretary	又Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
□Chairmon	Name: Tucker, Stephen	□Chairman	Name:	
	Address: 7901 4th St N STE 300		Address:	
	St. Petersburg FL 33702	Director		
<b>X</b> President		President		<u>.</u>
□Vice President		☐ Vice President		
☐Secretary	Treasurer	Secretary	□Treasurer	
Other	Other	Other	Other	·
□Chairman	Name:	ПChairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director	· · · · · · · · · · · · · · · · · · ·	
□President		President		
□Vice President _		□Vice President		
□ Secretary	□Treasurer	Secretary	Treasurer	
□Other		Other	Other	

12.

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. William McClure - Director

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### Benefit Health Plan Incorporated

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on October 11, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001537092.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of October, 2024 at 11:19 AM. This certificate is assigned ID Number 077303933.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.