

41000091226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

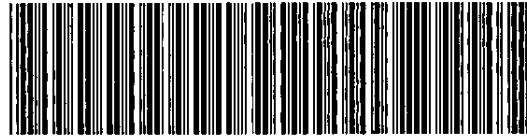
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/11--01050--013 **160.00

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11 JUL 27 PM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 09 2011

EXAMINER

EFFECTIVE DATE

7/26/11



STREET ADDRESS: 101 East Gaines Street, Suite 636 • PHONE (850) 410-9800 • FAX (850) 410-9548
MAILING ADDRESS: Division of Financial Institutions, 200 East Gaines Street, Tallahassee, FL 32399-0371
Visit us on the web: WWW.FLOFR.COM • Toll Free: (800) 848-3792

J. THOMAS CARDWELL
COMMISSIONER

July 28, 2011

Mr. Christopher Cali
325 James Street
Syracuse, NY 13202

Re: Bankers Healthcare Group, LLC

Dear Mr. Cali:

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

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11 JUL 27 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



BANKERS HEALTHCARE GROUP, INC.

August 2, 2011

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Bankers Healthcare Group, LLC
Tracking Number: 200210402562
Pin #: 2562
Letter #: 110727090948-200210402562

Deborah Bruce:

I am attempting to form Bankers Healthcare group, LLC. Please note that I am also the owner and Chairman/CEO of Bankers Healthcare Group, Inc. I am forming the LLC in an attempt to have both the entities and names.

Also find enclosed the approval from the Florida Office of Financial Regulation. Thank you for your attention to this matter.

Truly yours,

Albert Crawford
Bankers Healthcare Group, Inc.
Chairman/CEO
315-671-4100

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11 JUL 27 PM 4:58
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TALLAHASSEE, FLORIDA

5TH FASTEST GROWING PRIVATE COMPANY IN THE 2005 INC. 500

Florida Office • 4875 Volunteer Road, Suite #100 • Southwest Ranches, Florida 33330 • Telephone (800) 990-8401 • Fax (954) 384-9609

New York Office • 325 James Street • Syracuse, New York 13203 • Telephone (866) 588-7910 • Fax (315) 637-4686

www.bhg-inc.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bankers Healthcare Group, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher J Cali, Esq.

Name of Person

Bankers Healthcare Group, Inc.

Firm/Company

325 James Street

Address

Syracuse, NY 13203

City/State and Zip Code

ccali@bhg-inc.com

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

For further information concerning this matter, please call:

Christopher J Cali

Name of Person

at (315) 671-4115

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bankers Healthcare Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4875 Volunteer Road
Southwest Ranches, FL 33330

Mailing Address:

325 James Street
Syracuse, NY 13203

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Albert Crawford

Name

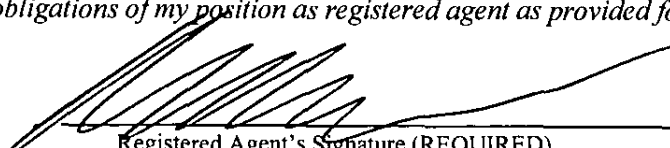
4875 Volunteer Road

Florida street address (P.O. Box **NOT** acceptable)

Southwest Ranches FL 33330

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

7/26/11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM _____

Albert Crawford

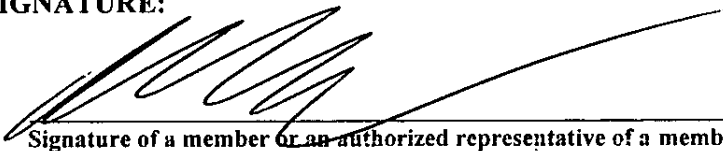
325 James Street

Syracuse, NY 13203

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/26/11. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Albert Crawford

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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11 JUL 27 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA