

L18000136381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

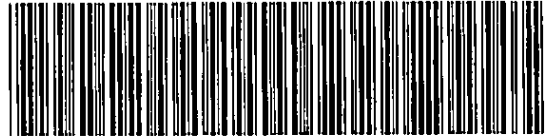
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/08/18--01032--006 **150.00

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18 MAY 29 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

JUN 06 2018

W18-45313



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2018 MAY 29 PM 2:57

REGISTRATION
COMMERCIAL
SERVICES

May 14, 2018

ROSEMARY RYAN
2077 ROOSEVELT AVE.
SPRINGFIELD, MA 01104

SUBJECT: CONSOLIDATED HEALTH PLANS, LLC
Ref. Number: W18000045313

We have received your document for CONSOLIDATED HEALTH PLANS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signatures on behalf of Other Business Entity are missing in the Articles of Conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 118A00009958

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2018 MAY 29 PM 2:56

REGISTRATION
FEDERAL COMMERCIAL
INFORMATION SERVICES

May 24, 2018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Conversion of "Other Business Entity" into Florida LLC

Dear Madam/Sir:

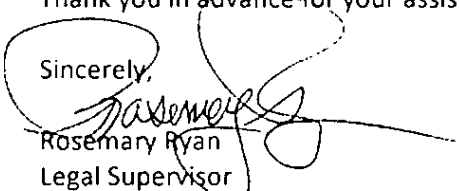
I am resubmitting our completed *Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company* with additional signature as requested.

We previously registered with the State of Florida as a Corporation under Document Number F09000001096 on 3/17/2009.

Please let me know if there is any additional information you need to process this Registration.

Thank you in advance for your assistance.

Sincerely,


Rosemary Ryan
Legal Supervisor

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TALLAHASSEE, FLORIDA

60

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Consolidated Health Plans, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Rosemary Ryan

(Contact Person)

Consolidated Health Plans, LLC

(Firm/Company)

2077 Roosevelt Ave.

(Address)

Springfield, MA 01104

(City, State and Zip Code)

RRyan@CHPemail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Rosemary Ryan

at (413)

733-4540, ext. 133

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
CONSOLIDATED HEALTH PLANS, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of MASSACHUSETTS
(Enter state, or if a non-U.S. entity, the name of the country)

on 3-23-1993
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
CONSOLIDATED HEALTH PLANS, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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TALLAHASSEE, FLORIDA

Signed this 3rd day of May 2018.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]

Printed Name: ANDREW M. DIGIORGIO

Title: PRESIDENT

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]

Printed Name: ANDREW M. DIGIORGIO

Title: DIRECTOR

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSOLIDATED HEALTH PLANS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2077 ROOSEVELT AVE
SPRINGFIELD, MA 01104

Mailing Address:

2077 ROOSEVELT AVE
SPRINGFIELD, MA 01104

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:

COGENCY GLOBAL, INC.

Name

115 NORTH CALHOUN STREET, SUITE 4

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

TALLAHASSEE

FL 32301

City

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 605, F.S.

Celene James

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

TIMOTHY J. KENESEY

5814 REED RD.

FORT WAYNE, IN 46835

MGR

DANIEL J. LANDRIGAN

5814 REED RD.

FORT WAYNE, IN 46835

MGR

ANDREW M. DIGIORGIO

2077 ROOSEVELT AVE.

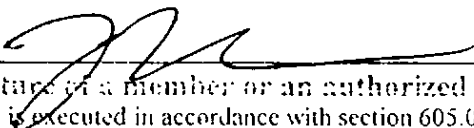
SPRINGFIELD, MA 01104

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ANDREW M. DIGIORGIO

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)