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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D BRUCE  
JUL 26 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consolidated Health Plans, LLC

\_\_\_\_\_  
Name of Florida Limited Liability Company

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

Please return all correspondence concerning this matter to:

Viorica V. Bragagiu, Legal Specialist

\_\_\_\_\_  
Contact Person

Consolidated Health Plans, LLC

\_\_\_\_\_  
Firm/Company

2077 Roosevelt Avenue

\_\_\_\_\_  
Address

Springfield, MA 01104

\_\_\_\_\_  
City, State and Zip Code

vbragagiu@chpemail.com

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

For further information concerning this matter, please call:

Viorica V. Bragagiu

at ( 413 ) 733-4540 x225

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

CR2E106 (07/14)

2011 JUL 20 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

**Consolidated Health Plans, LLC**

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

**Consolidated Health Plans, LLC**

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **limited liability company**  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

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

on **April 10, 2018**

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: **07/09/2018**

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

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TALLAHASSEE FLORIDA

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

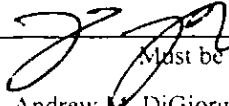
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: Cogency Global, Inc., at 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

Mailing Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

7. 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.

Signed this 9<sup>th</sup> day of July, 2018

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Andrew M. DiGiorgio Title: President, Manager

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

**FILED**  
2018 JUL 20 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D  
PC

# The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

## Articles of Entity Conversion of a Domestic Business Corporation to a Domestic Other Entity

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 9.53; 950 CMR 113.29)

- (1) Exact name of corporation prior to conversion: Consolidated Health Plans, Inc. 043187843
- (2) Registered office address: 2077 Roosevelt Avenue, Springfield, MA 01104  
(number, street, city or town, state, zip code)
- (3) New name after conversion, which shall satisfy the organic law of the surviving entity:  
Consolidated Health Plans, LLC
- (4) New type of entity: limited liability company
- (5) The plan of entity conversion was duly approved by the shareholders, and where required, by each separate voting group in the manner required by the organic law of organization.
- (6) Attach any required bylaws or other documents required to be set forth in the public organic document of the surviving entity. **Not Needed**
- (7) The conversion shall be effective on the time and on the date approved by the Division, unless a later effective date is specified: \_\_\_\_\_

Signed by: William Adams

(signature of authorized individual)

(Please check appropriate box)

- ☐ Chairman of the board of directors,  
☐ President,  
☒ Other officer,  
☐ Court-appointed fiduciary,

on this 29th day of March, 2018

**D**

# The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

## Limited Liability Company

### Certificate of Organization

(General Laws Chapter 156C, Section 12)

Federal Identification No.: 043187843

- (1) The exact name of the limited liability company:

Consolidated Health Plans, LLC

- (2) The street address of the office in the commonwealth at which its records will be maintained:

2077 Roosevelt Avenue  
Springfield, MA 01104

- (3) The general character of the business:

Insurance administration and related services

- (4) Latest date of dissolution, if specified: \_\_\_\_\_

- (5) The name and street address, of the resident agent in the commonwealth:

NAME

ADDRESS

Betsy M. Stevens

2077 Roosevelt Avenue  
Springfield, MA 01104

- (6) The name and business address, if different from office location, of each manager, if any:

NAME

ADDRESS

Timothy J. Kenesey

5814 Reed Road  
Fort Wayne, IN 46835

Daniel J. Landrigan

5814 Reed Road  
Fort Wayne, IN 46835

Andrew M. DiGiorgio

[office location]

- (7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME

ADDRESS

Betsy M. Stevens

[office location]

Bradley G. Newell

[office location]

Angela M. Adams

5814 Reed Road  
Fort Wayne, IN 46835

- (8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME

ADDRESS

Timothy J. Kenesey


5814 Reed Road  
Fort Wayne, IN 46835

Daniel J. Landrigan

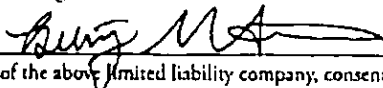
5814 Reed Road  
Fort Wayne, IN 46835

- (9) Additional matters:

Signed by (by at least one authorized signatory):



Consent of resident agent:

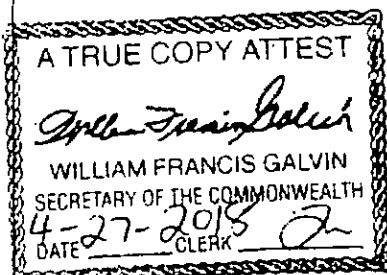
I 

resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12.

\*or attach resident agent's consent hereto.

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512



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Articles of Entity Conversion of a  
Domestic Business Corporation to a  
Domestic Other Entity

(General Laws Chapter 156D, Section 9.53; 950 CMR 113.29)

1680

I hereby certify that upon examination of these articles of conversion, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$ 700 having been paid, said articles are deemed to have been filed with me this 10 day of April, 2018, at 2:13 a.m./p.m. (P)  
time

Effective date: \_\_\_\_\_  
(must be within 90 days of date submitted)

*William Francis Galvin*  
WILLIAM FRANCIS GALVIN  
Secretary of the Commonwealth

*[Signature]*  
Examiner  
*[Signature]*  
Name approval

Filing fee: Minimum \$250

TO BE FILLED IN BY CORPORATION  
Contact Information:

C

M

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Upon filing, a copy of this filing will be available at [www.sec.state.ma.us/cor](http://www.sec.state.ma.us/cor).  
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.

SECRETARY OF THE  
COMMONWEALTH  
2018 APR 10 PM 2:13  
CORPORATIONS DIVISION