

L2#000351544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

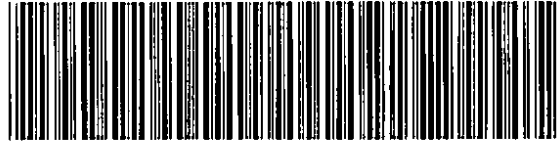
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/20--01017--001 **150.00

20103-4 2111:06

J DENNIS
NOV 17 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Select Benefits Group, 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:

Ben Williams

(Contact Person)

Dental Select

(Firm/Company)

75 W Towne Ridge Pkwy Tower 2 Suite 500

(Address)

Sandy, Utah 84070

(City, State and Zip Code)

benw@dentalselect.com

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

For further information concerning this matter, please call:

Ben Williams

at (801) 2098645

(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

201107-4 7:11:06

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:
Select Benefits Group, 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 Utah
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/27/1990
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Select Benefits Group, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: date of filing
(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.

Signed this 23 day of October 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Ben Williams
Printed Name: Ben Williams Title: General Counsel

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

Signature: Ben Williams
Printed Name: Ben Williams Title: General Counsel

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Select Benefits Group, LLC

(Must contain 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:

75 W Towne Ridge Pkwy Tower 2 Suite 500

Sandy, Utah 84070

Mailing Address:

75 W Towne Ridge Pkwy Tower 2 Suite 500

Sandy, Utah 84070

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:

Corporation Service Company

Name

1201 Hays St.

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

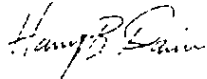
Tallahassee

City

FL 32301

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.



Harry B Davis Asst. VO 10/28/2020

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Ameritas Life Insurance Corp.

5900 O Street, Lincoln, NE 68501

MGR

Mark Coyne

75 W Towne Ridge Pkwy Tower 2 Suite 500

Sandy, Utah 84070

(Use attachment if necessary)

2000-1-1
2000-1-1

ARTICLE V: Other provisions, if any.

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.

Mark Coyne

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)



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, S.M. Box 146705
Salt Lake City, UT 84114-6705
Phone: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

201501-14 0311:05

Registration Number: 1068956-0160
Business Name: SELECT BENEFITS GROUP, LLC
Registered Date: AUGUST 27, 1990

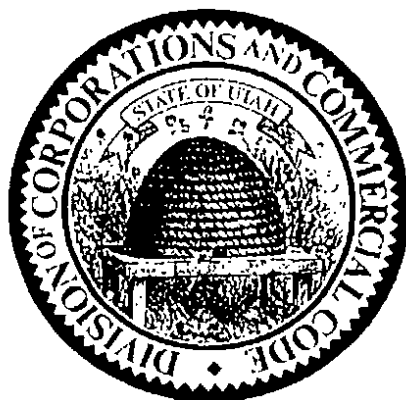
August 13, 2020

CERTIFIED COPY OF STATEMENT OF CONVERSION & CERTIFICATE OF ORGANIZATION

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE ("DIVISION") HEREBY CERTIFIES THAT THE ATTACHED IS TRUE, CORRECT, AND COMPLETE COPY OF THE STATEMENT OF CONVERSION & CERTIFICATE OF ORGANIZATION DATED APRIL 29, 2020 OF

SELECT BENEFITS GROUP, LLC

AS APPEARS OF RECORD IN THE OFFICE OF THE DIVISION.



Jason Sterzer
Director
Division of Corporations and Commercial Code

Div. of Professional Licensing
(801) 530-6628

Real Estate
(801) 530-6747

Public Utilities
(801) 530-6651

Securities
(801) 530-6600

Consumer Protection
(801) 530-6601

STATEMENT OF CONVERSION

OF

SELECT BENEFITS GROUP, INC.
(a Utah corporation)

INTO

SELECT BENEFITS GROUP LLC
(a Utah limited liability company)RECEIVED
APR 29 2020

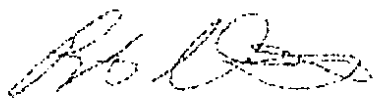
Division of Corporations & Commercial Code

Pursuant to Part 10 of the Utah Revised Business Corporation Act, Select Benefits Group, Inc., a Utah corporation, hereby files this Statement of Conversion in order to convert into a Utah limited liability company.

1. Converting Entity. Select Benefits Group, Inc., a Utah corporation, is the "Converting Entity."
2. Converted Entity. Select Benefits Group, LLC, a Utah limited liability company, is the "Converted Entity."
3. Effective Time. Converting Entity shall be, and hereby is, converted into the Converted Entity (the "Conversion"), effective as of May 1, 2020 at 12:00:01 a.m. (the "Effective Time").
4. Approval. The Conversion, and the Plan of Conversion pursuant to which the Conversion will be effected, has been duly approved in accordance with Sections 16-10a-1003.7 et. seq. of the Utah Revised Business Corporation Act and Sections 48-3a-1041 through 48-3a-1046 of the Utah Revised Uniform Limited Liability Company Act.
5. Certificate of Organization. The Certificate of Organization of the Converted Entity as of the Effective Time is attached hereto as Exhibit A-1.

IN WITNESS WHEREOF, Select Benefits Group, Inc., a Utah corporation, has caused this Statement of Conversion to be executed by its duly authorized representative as of the date first set forth below:

SELECT BENEFITS GROUP, INC., a Utah corporation

By: 
Brent G. Williams, Chief Executive Officer

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certify that the foregoing has been filed
and approved on this 29 day of April, 2020.
In this office of this Division and hereby issued
This Certificate thereof

Examiner

RPL

Date

04/01/20




Jason Stetler
Division Director



State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Certificate of Organization (Limited Liability Company)

This form cannot be hand written

Exhibit A-1

RECEIVED

APR 29 2020

Utah Div. of Corp. & Comm. Code

Non-Refundable Processing Fee: \$20.00

Important: Read instructions before completing form

1. Name of Limited Liability Company		Select Benefits Group, LLC dba Dental Select	
2. Principal office address: <small>Street Address Required P.O. Box can be listed after Street Address</small>		75 W Towne Ridge Pkwy Tower 2 Ste 500 Sandy, UT 84070	
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent) Ben Williams <small>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</small> Address of the Registered Agent: 75 W Towne Ridge Pkwy Tower 2 Ste 500 <small>Full Street Address Required, P.O. Box, can be listed after the Street Address</small> City: Sandy State: UT Zip: 84070			
4. Signature of Organizer Signature:			
5. Name and Address of Members and/or Managers (optional)	1. Ameritas life Insurance Corp <small>Name</small>		Member <small>Position</small>
	5900 Q Street Lincoln, NE 68510 <small>Address</small>		City State Zip
	2. <small>Name</small>		Position
6. Duration (optional)		<input checked="" type="checkbox"/> The duration of the company shall be perpetual. <input type="checkbox"/> The duration of the company shall be _____	
7. Purpose (optional): engaging in any lawful activity for which a Limited Liability Company may be organized in Utah			
Under GSAAC §(3)(2)(4), all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.			
Optional Inclusion of Ownership Information. This information is not required.			
Is this a female owned business? <input type="radio"/> Yes <input type="radio"/> No			
Is this a minority owned business? <input type="radio"/> Yes <input type="radio"/> No If yes, please specify: <input type="text" value="Select Type the race of the owner here"/>			

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certify that the foregoing has been filed
and approved on this 22 day of April 2020
in this office of this Division and hereby issued
This Certificate Hereof.

Examiner



Jason Stenzer
Division Director

Date

05/01/20