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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

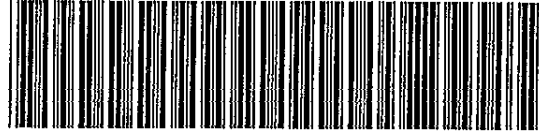
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TALLAHASSEE, FLORIDA

Catskill Benefit Consultants, LLC  
Actuaries and Consultants

February 18, 2004

**TRANSMITTAL LETTER**

**TO: Registration Section  
Division of Corporation**

**SUBJECT: Catskill Benefit Consultants, LLC**

Pursuant to s.608.503(1), Florida Statutes, Catskill Benefit Consultants, LLC attaches the Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida and a check for \$100.00. Also enclosed are:

(1) an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the laws of New York.

(2) Pursuant to the provisions of s.608.415 or s.608.507, the enclosed Certificate of Designation of Registered Agent/Registered Office and a check for \$25.00.

Please return all correspondence concerning this matter to the following:

Karen Miller, Managing Director  
Catskill Benefit Consultants, LLC  
1304 Grandview Drive  
Jacksonville, FL 32211

For further information regarding this matter, please call

Karen Miller at (904) 724-4455

*Karen Miller*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Catskill Benefit Consultants, LLC  
(Name of foreign limited liability company)
2. New York 3. 80-003365  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. May 22, 2002 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. March 1, 2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1304 Grandview Drive, Jacksonville, FL 32211  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

Karen Miller

1304 Grandview Drive

Jacksonville, FL 32211

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Qualified plan  
administration and consulting services.

Karen Miller

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

Karen Miller

Typed or printed name of signee

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04 FEB 23 PM 2:30  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Catskill Benefit Consultants, LLC

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

Karen Miller

(Name)

1304 Grandview Drive

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

Jacksonville

FL 32211

(City/State/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.*

Karen Miller

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**State of New York** } **ss:**  
**Department of State**

I hereby certify, that CATSKILL BENEFIT CONSULTANTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/22/2002, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of February  
two thousand and four.*



Secretary of State

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