

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H24000417061 3)))

2nd Submission



H240004170613ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PACIFIC BENEFITS GROUP NORTHWEST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PACIFIC BENEFITS GROUP NORTHWEST, L.L.C.

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

9635 M Street

Omaha, NE 68127

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M07000000567

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 01/29/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MID MOUNTAIN INSURANCE AGENCY, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Nebraska

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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		<hr/>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Tasha Edwards
Signature of the authorized representative

Tasha Edwards, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEBRASKA

United States of America, ; ss.
State of Nebraska ;

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

MID MOUNTAIN INSURANCE AGENCY, LLC

a Limited Liability Company filed a Certificate of Organization on January
29, 2007.

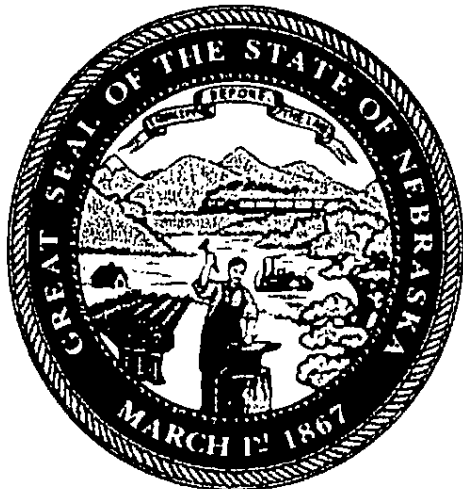
I further certify that attached is a true and correct copy of the above
mentioned Certificate of Organization as filed in this office and all
amendments there to.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

December 6, 2024



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State

NE Sec of State - Robert H. Evans
 Filing Document #: 2411212339 Pages: 3
 Company Name: MID MOUNTAIN INSURANCE AGENCY, LLC
 Filing Date and Time: 11/06/2024 09:18 AM

ARTICLES OF DOMESTICATION OF
 MID MOUNTAIN INSURANCE AGENCY, LLC
an Oregon Limited liability company
 into
 MID MOUNTAIN INSURANCE AGENCY, LLC
a Nebraska Limited liability company

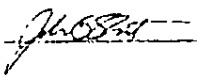
The undersigned, on behalf of Mid Mountain Insurance Agency, LLC ("Company"), set forth below, pursuant to Neb. Rev. Stat. §§ 21-179 through 21-182, hereby adopts the following Articles of Domestication:

1. The Company has been domesticated from Oregon into Nebraska pursuant to its approved Plan of Domestication.
1. The name of Company immediately prior to the filing of these Articles of Domestication is Mid Mountain Insurance Agency, LLC. Upon the filing of these Articles of Domestication, the name of the Company shall be Mid Mountain Insurance Agency, LLC.
2. The Company was originally organized under the laws of Oregon on December 26, 2007.
3. The jurisdiction in which the Company is to be domesticated into is the State of Nebraska.
4. The domestication of the Company in Nebraska was duly authorized as required by the laws of the State of Oregon, the jurisdiction in which the Company was domiciled immediately before its domestication in Nebraska.
5. The domestication of the Company in Nebraska was approved in accordance with Nebraska Uniform Limited Liability Company Act.
6. The date of the domestication is effective under the governing statutes of the domesticated Company is October 28, 2024.
7. The Certificate of Organization of the Company that will be in effect immediately after consummation of the domestication is attached hereto.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned limited liability company has caused this Articles of Domestication to be executed by its authorized member on this 28 day of October 2024

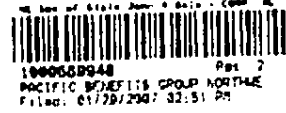
MID MOUNTAIN INSURANCE AGENCY, LLC

By: 

Name: John Short

Title: EVP-General Counsel & Secretary

**APPLICATION FOR CERTIFICATE
OF AUTHORITY
LIMITED LIABILITY COMPANY
(FOREIGN)**
Submit in Duplicate



John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

An original certificate of good standing from the appropriate authority in the jurisdiction or state under whose laws the limited liability company was organized must be filed with this document.

NOTE: A certified copy of the company's articles of organization may not be filed in lieu of a certificate of good standing.

Name of Limited Liability Company PACIFIC BENEFITS GROUP NORTHWEST, L.L.C.

Address of Principal Business office:

1915 NW AMBERGLEN PARKWAY STE 300 BEAVERTON, OR 97006
Street Address City State Zip

Organized under the laws of the State of Oregon

Date of Organization 03-05-1997

Nature of the Business or purposes to be conducted or promoted in this state:
Insurance Sales

Name and address of registered agent in Nebraska:

Registered Agent Name: Incorp Services, Inc.

Address: 6003 Old Cheney Road, Suite 300. Lincoln NE 68501-0169
Street Address City State Zip

✓ [Signature]
Signature of Member

Scott Ballard
Printed name of Member

FILING FEE: \$120.00

Revised 12/19/2000

Neb. Rev. Stat. 21-2638