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(Requestor's Name)

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(City/State/Zip/Phone #)

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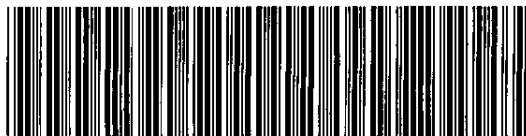
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. BRYAN

JUN 18 2009

EXAMINER



INSURANCE
COMPLIANCE
CONSULTANTS, INC.

3925 East State Street; Suite 200
Rockford, Illinois 61108

Phone: (815) 316-6718
FAX: (815) 986-2355

June 16, 2009

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

RE: International Benefits Administrators, LLC
New York
FEIN#: 11-3293162
Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

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To Whom It May Concern:

Enclosed are documents to register International Benefits Administrators, LLC, of New York as a Limited Liability Company in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of International Benefits Administrators, LLC, a New York domiciled company. A filing authorization letter and return postpaid envelope are enclosed. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

The following documents also are enclosed:

1. A check in the amount of \$125.00.
2. Cover Letter
3. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
4. Certificate of Designation of Registered Agent/Registered Office.
5. Certificate of Good Standing.

Your prompt review of this submission will be greatly appreciated. If I can provide any additional information, please contact me at (815)316-6718, fax me at (815) 986-2355, or email me at lisamitchell@inscompliance.com. Thank you.

Sincerely,

Lisa G. Mitchell
Authorized Representative
Insurance Compliance Consultants, Inc.

(lgm)
Enclosures



International benefits administrators llc.
100 Garden City Plaza, Suite 102 Garden City, NY 11530

January 1, 2009

To: All State Insurance Departments

International Benefits Administrators hereby authorizes Insurance Compliance Consultants, Inc., to act on Our behalf in matters relating to application by IBA for a Third Party Administrator License before the Insurance Department.

International Benefit Administrators may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants, Inc..

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Lagalante', is written over a horizontal line.

Michael Lagalante
Vice President
International Benefits Administrators

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Benefits Administrators L.L.C.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Edward J. King, Authorized Representative
(Name of Person)

Insurance Compliance Consultants, Inc.
(Firm/Company)

3925 East State Street, Suite 200
(Address)

Rockford, Illinois 61108
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Edward J. King at (815) 316-6716
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. **International Benefits Administrators LLC**

(Name of Foreign Limited Liability Company; must include "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 include "Limited Liability Company," "L.L.C.," "LLC.")

2. **New York**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **11-3293162**

(FEI number, if applicable)

4. **November 8, 1995**

(Date of Organization)

5. **perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **n/a**

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **International Benefits Administrators, LLC**

100 Garden City Plaza, Suite 102, Garden City, NY 11530

(Street Address of Principal Office)

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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:

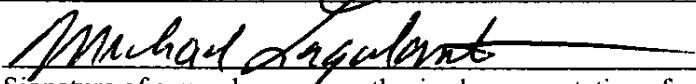
Michael Lagalante - 100 Garden City Plaza, Suite 102; Garden City, New York 11530

Carol Sonnenberg - 40 West 51st Street; New York, New York 10020

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: **Third Party Administrator**

in the business of life and health insurance. Handles premium and claim payments for residents of Florida



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.)

Michael Lagalante

Typed or printed name of signee

**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:

International Benefits Administrators L.L.C.

If name unavailable, the alternate name to be used in the state of Florida is:

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation 33324

FL

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, Florida Statutes.

Barbara A. Burke

(Signature)

Barbara A. Burke
Special Assistant Secretary

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

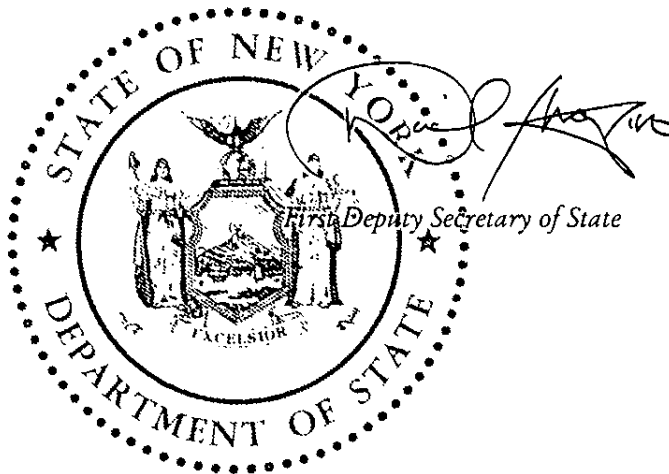
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State of New York
Department of State } ss:

I hereby certify, that GROUP ADMINISTRATORS L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/08/1995, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GROUP ADMINISTRATORS L.L.C., changing its name to INTERNATIONAL BENEFITS ADMINISTRATORS L.L.C., was filed 01/02/1996.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of June two
thousand and nine.*



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