

MILUUVU 02695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

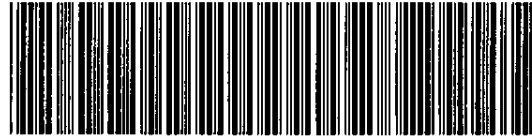
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**B. KOHR**

MAY 26 2011

**EXAMINER**



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05/23/11--01048--019 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 23 AM 10:45

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 23 AM 10:45

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ebenefits Partner, LLC  
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:

Detra Reed

Name of Person

Central Licensing Bureau

Firm/Company

1501 N. University, #550

Address

Little Rock, AR 72207

City/State and Zip Code

dreed@centrallicensingbureau.com

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

For further information concerning this matter, please call:

Detra Reed

Name of Person

at (501) 664-8044

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

BILL WOODYARD  
President

May 18, 2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 23 AM 10:45

Florida Secretary of State  
Corporations Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the documents necessary to qualify  
**Ebenefits Parnter, LLC** to do business in your state.

Thank you for your consideration of this filing.

Sincerely,

Detra Reed  
Initial Licensing Division  
[dreed@centrallicensingbureau.com](mailto:dreed@centrallicensingbureau.com)

/dr

Enclosures

**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. Ebenefits Partner, 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. Pennsylvania 3. 26-4411419  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 15, 2009 5. PERPETUAL  
(Date of Organization) (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. 400 Berwyn Park, #200  
Berwyn, PA 19312  
(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:

SEE ATTACHED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 23 PM 10:45

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

Stewart T. Anmuth  
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.)

Stewart T. Anmuth  
Typed or printed name of signee

Managers  
Of  
Ebenefits Parter, LLC

Stewart Anmuth	400 Berwyn Park, #200, Berwyn, PA 19312
Brian Daggett	400 Berwyn Park, #200, Berwyn, PA 19312
William Daggett	400 Berwyn Park, #200, Berwyn, PA 19312
Joseph Dowd	400 Berwyn Park, #200, Berwyn, PA 19312
Shawn Orestein	400 Berwyn Park, #200, Berwyn, PA 19312

**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:

eBenefits Partner, LLC

If unavailable, the alternate 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

FL 33324

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.*

C T Corporation System

By: Katherine Lackey

(Signature)

Katherine Lackey, Asst. Secy.

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

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE**

**MAY 18, 2011**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**EBENEFITS PARTNER, LLC**

**is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.**

**I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.**



**IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.**

A handwritten signature in cursive script, appearing to read "Carol Aichele".

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**Secretary of the Commonwealth**