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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Simplifi Health Benefit Manage	ement, LLC
	Liability Company
	by for Authorization to Transact Business in Florida," Certificate of sed foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the fo	llowing:
Lawrence j Stelzer	
Name	of Person
Simplifi Health Benefit Managemen	t, LLC
Firm/	Company
250 Civic Center Drive, Suite 350	)
A	ddress
Columbus, Ohio 43215	
City/State	and Zip Code
larry_stelzer@cbca.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
Lawrence j Stelzer	614 635-8752
Name of Person Area Co	ode & Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Clifton Bu Tallahassee, FL 32314 Clifton Bu	
1'1	5.00 Filing Fee & \$\int_{\text{s}}\$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 RUSINESS IN THE STATE OF FLORIDA:

1. Simplifi Health Benefit Management, 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 attaconsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	
2. Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-4836756  (FEI number, if applicable)	)
4. February 7th, 2011  (Date of Organization)  5. Perpetual  (Duration: Year limited liability companexist or "perpetual")	<b></b>
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	MAY 3
7. 250 Civic Center Drive, Suite 350	OORT
Columbus, Ohio 43215 (Street Address of Principal Office)	OR ATTONS
8. If limited liability company is a manager-managed company, check here	ēs.
9. The name and usual business addresses of the managing members or managers are as fo	llows:
Simplifi ESO  Kenneth DiBella, Sole Member	
250 Civic Center Drive, Suite 350, Columbus, Ohio 43215	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havi the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a forest 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: Act as a hea	alth benefit
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 of penalties of perjury that the facts stated herein are true. I am aware that any false information subtraction to the Department of State constitutes a third degree felony as provided for in s.81	mitted in a

Typed or printed name of signee

Kenneth Di Bella

### 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:	
Simplifi Health Benefit Management, LLC	<del></del>
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:	- North
NRAI Services, Inc	Sie
(Name)	<b>3</b> 86
515 East Park Ave	31
Florida Street Address (P.O. Box NOT ACCEPTABLE)	<b>E</b>
tallahassee FL 32301 City/State/Zip	ANII N

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.

Denise Bell, 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)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIMPLIFI HEALTH BENEFIT MANAGEMENT,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D.

2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4936741 8300

110522973

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8754670

DATE: 05-11-11

You may verify this certificate online at corp.delaware.gov/authver.shtml