#115000000163

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900265725619



DEPARTMENT OF STATE

K.SALY EXAMINER JAN - 8 2015

ACCOUNT NO. : I2000000195 REFERENCE: 449879 4334722 AUTHORIZATION : COST LIMIT ORDER DATE: January 6, 2015 ORDER TIME : 3:13 PM ORDER NO. : 449879-050 CUSTOMER NO: 4334722 FOREIGN FILINGS NAME: TRESTLETREE, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935 EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: TrestleTree, LLC
	Name of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate nce, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please	return all correspondence concerning this matter to the following:
	Joan Recore Name of Person
	Name of Person
	co Health Plans, Inc.
	Firm/Company
	1500 West Park Drive, Suite 330
	Westborough, MA 01581 City/State and Zip Code
	irecore a health plans inc. com li-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Toan Recore at 508 475 - 6179 Name of Contact Person 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
Enclo	sed is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$155.00 \text{ Filing Fee & Description of Status & Certified Copy} \Bigcup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy}

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. TrestleTree, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if pnor to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1500 West Park Drive, Suite 330 Westborough, MA 01581 (Street Address of Principal Office) 1500 West Park Drive, Suite 330 Westborough, MA 01581 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Deborah Hodges, 1500 West Park Drive, Ste. 330, Westborough, MA 01581, c/o Health Plans, Inc. Richard Welsblatt 93 Worcester Street, Wellesley, MA 02481, c/o Harvard Pilgrim Health Care, Inc. Michelle Clayman; 93 Worcester Street, Wellesley, MA 02481, c/o Harvard Pilgrim Health Care, Inc. Paul Forte, 1500 West Park Drive, Ste. 330, Westborough, MA 01581, c/o Health Plans, Inc. 8. 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) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Deborah Hodges, Manager

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

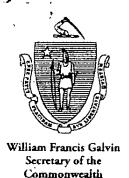
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable	e, the alternate to be used in	the state of Florida is:	
2. The name	and the Florida street addr	ess of the registered agent and office are:	12015 JA
	Corporation Service Com	pany	五 五
		(Name)	OSEA U
	1201 Hays Street		765
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301	•
	P. C.	City/State/Zip	

Corporation Service Company
By:
Courtney Williams
Asst. Vice President

Statutes.

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

December 29, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

TRESTLETREE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 22, 2014.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: PAUL FORTE, MICHELLE CLAYMAN, RICHARD WEISBLATT A/K/A RICK WEISBLATT, DEBORAH HODGES

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: PAUL FORTE, MICHELLE CLAYMAN, RICHARD WEISBLATT A/K/A RICK WEISBLATT, DEBORAH HODGES

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Min Travino Galicin

Processed By:tpg