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

TO:	Octavia I Simmons, Regulatory Specialist II	FROM:	Cindy Montano	
FAX:	(850) 245-6030	PAGES INCLUDING COVER: 4:		
PHONE:		PHONE: (860) 273-0656		
SUBJECT:	Resubmission of Foreign LLC with Correction - Ref. No. W17000002417	DATE:	January 20, 2017	

COMMENTS:

HI Octavia,

Thanks for your help this morning! Please let me know if you need any additional information.

Cindy Montano Aetna (860) 273-0856

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## **COVER LETTER**

то:		ation Section n of Corporation	ıs						
SUBJEC		tna Resources LL	.C						
Name of Limited Liability Company									
			eign Limited Liability Compa d to register the above refere						
Please re	eturn all	correspondence c	oncerning this matter to the f	following:					
		Cynthia Monta	no						
			Na	me of Person					
		Aetna							
			Fir	m/Company					
		151 Farmington	n Avenue, RW61						
				Address					
		Hartford, CT 0	5156						
			City/St	ate and Zip Code					
		CianciW@aetna.							
	•		E-mail address: (to be used	for future annual	report noti	fication)			
For furth	ner infor	mation concerning	g this matter, please call:						
	Wendy	Cianci		860 at (	273-019	92			
	<del></del>	Name o	f Contact Person	Area Code	Dayı	time Telephone Number			
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section bx 6327 ssee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
		eck for the follow 0.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cer of Status & 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. Actna Resources LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A (If name unavailable, enter alternate name adopted for the purpose of transcoting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") , Delaware (Jurisdiction under the law of which foreign timited liability (PEI number, if applicable) company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 151 Farmington Avenue, Hartford, CT 06156 (Street Address of Principal Office) 6. Aelna 151 Farmington Avenue, Hartford, CT 06156 (Mailing Address) 7. Name and attest address of Morida registered agent; (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road. Office Address: Plantation (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and schoolete performance if my duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation Sys (Registored agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc Astna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records in the jurisdiction under the law of which it is organized, (If the certificate is in a foreign language, a translation of the cortificate under eath of the translator must be submitted) 21) CLYPLLL (MCON) X Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

WendyAnn Cianci, Assistant Secretary

Typed or printed name of signoo

<u>Delaware</u>

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "AETNA RESOURCES 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 FIFTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 201819289

Date: 01-05-17

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