# MITTON

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### **COVER LETTER**

	ation Section n of Corporation	15					
Ae SUBJECT:	tna Network Serv	vices LLC					
		Name of	Limited Liability	Company			
		reign Limited Liability Comp d to register the above refer					
Please return all	correspondence o	concerning this matter to the	following:				
	Cynthia Monta	no			,		
Name of Person							
Aetna							
		Fi	irm/Company				
151 Farmington Avenue, RW61							
		·	Address				
	Hartford, CT 0	6156					ا
City/State and Zip Code						7	ALL SEC
	CianciW@aetna.	.com				£53	ARI.
•		E-mail address: (to be used	d for future annua	report not	ification)	2	SSE
For further infor	mation concerning	g this matter, please call:				Min.	in al
Wendy Cianci		860 at (	273-01	92	61 :11	LORIE	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	Ψ.	: P
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301			
	eck for the follow i.00 Filing Fee	ring amount:  \$\Bigsim \frac{1}{30.00}\$ Filing Fee &  Certificate of Status	■ \$155.00 Filit Certified Copy		□ \$160.00 Filing Fee, Co of Status & Certified Cop		

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

IN COMPLIANCÉ 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:

, Aetna Network Service	MITC		
1.		"Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter a	ternate name adopted for the purpose of transac	cting business in Florida. The alternate name must include "Lim	lited
Liability Company," "L.L.C, 2. Connecticut	3. N	7A	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Filing			
¬,	(Date first transacted business in Floric (Sec sections 605.0904 & 605.0905, F.S.	da, if prior to registration.)	
s Actna	toes sections dos.0304 to 003.0303, P.S.	to determine penanty nationally	
151 Farmington Aven	ie, Hartford, CT 06156		
201141111111111111111111111111111111111	(Street Address of Principal O	ffice)	
6, same as above		·	- FO
			7
	(Mailing Address)	<del></del>	田岩
7. Name and atrect addres	s of Florida registered agent: (P.O. Box 1	NOT accentable)	55
Name:	C T Corporation System	177 1000 p. 11010)	是一
- 1	1200 South Pine Island Road		AHII: 19
Office Address:		**************************************	19
: **	Plantation (City)	, Florida 33324 (Zio code)	٠ ١.
designated in this applica to complywith the provision accept the obligations of t	gistered agent and to accept service of pro tion, I hereby accept the appointment at r	ocess for the above stated limited liability company at the egistered agent and agree to act in this capacity. I further formulation of my duties, and I am familian with the complete performance of my duties, and I am familian the complete performance of my duties.	er agree r with and
	(Registered agent- city and address of the person(s) who has/h LC, 151 Farmington Avenue, RW61, Harti	have authority to manage is are:	HAY
	of which it is organized. (If the certificate is bomitted)	ly authenticated by the official having custody of records is in a foreign language, a translation of the certificate under the cert	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (but the Department of State constitutes a third	o), Florida Statutes. I am aware that any false information degree felony as provided for in s.817.155, F.S.	
	WendyAnn Cianci, Assistant Secretary		•
	Typed or printed name	e of signee	

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### AETNA NETWORK SERVICES LLC

a domestic limited liability company, were filed in this office on October 11, 2016.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: January 24, 2017

SECRETARY OF STATE
TALLAHASSEE, FLORIO

Business ID: 1218934 Express Certificate Number: 2017026420001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov