M18000005271

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000168772 3)))

H18000168772 3ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

FILED
18 JUN -4 AM 10:14

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2018 JUN -4 PM 3:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Foreign Limited Liability Company
CYPRESS BENEFIT ADMINISTRATORS (LHS), LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

K SALY
JUN 5 2018

Electronic Filing Menu Corporate Filing Menu Help

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. CYPRESS BENEFIT ADMINISTRATORS (LHS), 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. DE
(Jurisdiction under the laws of which the foreign limited liability company is organized)

3. ....
(FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. on determining penalty liability)

5. 211 Commerce Street Suite 601
(Street Address of Principal Office)
Nashville, TN 37201

6. 211 Commerce Street Suite 601
(Mailing Address)
Nashville, TN 37201

FILED
JUN -4 AM 10:

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee (City), Florida 32301 (Zip code)

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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature) ASSISTANT SECRETARY

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Brett Rodewald/CEO	211 Commerce Street Suite 601 Nashville, TN 37201		
Douglas Thompson/CFO	211 Commerce Street Suite 601 Nashville, TN 37201		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Douglas Thompson
(Signature of an authorized person)

Douglas Thompson
(Typed or printed name of signee)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYPRESS BENEFIT ADMINISTRATORS (LHS), 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 FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYPRESS BENEFIT ADMINISTRATORS (LHS), LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED
18 JUN -4 AM 10:15

Jeffrey W. Bullock, Secretary of State

6193534 8300
SR# 20184823658

Authentication: 202802058
Date: 06-01-18

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