

# M18000008097

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(Address)

(City/State/Zip/Phone #)

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2018 AUG 27 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 5 2018



August 20, 2018


Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed, please find our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a check of \$130, and Certificate of Good Standing/Existence from the Secretary of State of Commonwealth of Massachusetts.

If you have questions or concerns regarding the information presented to you, or additional information is required, please do not hesitate to let me know at (413) 733-4540 x225 or write me at [vbragagiu@chpemail.com](mailto:vbragagiu@chpemail.com).

Sincerely,

  
Viorica V. Bragagiu  
Legal Specialist

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Consolidated Health Plans, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Viorica V. Bragagiu, Legal Specialist

\_\_\_\_\_  
Name of Person

Consolidated Health Plans, LLC

\_\_\_\_\_  
Firm/Company

2077 Roosevelt Avenue

\_\_\_\_\_  
Address

Springfield, MA 01104

\_\_\_\_\_  
City/State and Zip Code

vbragagiu@chpemail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viorica V. Bragagiu, Legal Specialist

413

733-4540 x 225

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Consolidated Health Plans, 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 3. 04-3187843  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2077 Roosevelt Avenue 6. 2077 Roosevelt Avenue  
(Street Address of Principal Office) (Mailing Address)  
Springfield, MA 01104 Springfield, MA 01104

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, Florida 32301  
(City) (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)

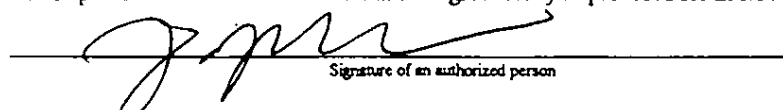
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

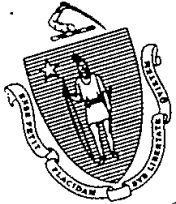
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager, President</u>	<u>Andrew M. DiGiorgio</u> <u>2077 Roosevelt Avenue</u> <u>Springfield, MA 01104</u>	<u>Manager</u>	<u>Timothy J. Kenesey</u> <u>5814 Reed Road</u> <u>Fort Wayne, IN 46835</u>
<u>Manager</u>	<u>Daniel J. Landrigan</u> <u>5814 Reed Road</u> <u>Fort Wayne, IN 46835</u>	<u>Secretary</u>	<u>Betsy M. Stevens</u> <u>2077 Roosevelt Avenue</u> <u>Springfield, MA 01104</u>

(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.

  
Signature of an authorized person  
Andrew M. DiGiorgio  
Typed or printed name of signer



William Francis Galvin  
Secretary of the  
Commonwealth

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

August 16, 2018

TO WHOM IT MAY CONCERN:

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

**CONSOLIDATED HEALTH PLANS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 10,  
2018.

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:  
**TIMOTHY J. KENESEY, DANIEL J. LANDRIGAN, ANDREW M. DIGIORGIO**

I further certify, the names of all persons authorized to execute documents filed with this  
office and listed in the most recent filing are: **TIMOTHY J. KENESEY, DANIEL J.  
LANDRIGAN, ANDREW M. DIGIORGIO, BETSY M. STEVENS, BRADLEY G.  
NEWELL, ANGELA M. ADAMS**

The names of all persons authorized to act with respect to real property listed in the most  
recent filing are: **TIMOTHY J. KENESEY, DANIEL J. LANDRIGAN**

In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth



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