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Division of Corporations

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

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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

Email Address:

Foreign Limited Liability Company
CLARION MANAGEMENT SOLUTIONS, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (04), and Estimated Charge (\$125.00).

2019 JAN -3 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2019 JAN -3 PM 1:58
FILED

Clarion Management Solutions, LLC
1615 Redwood Grove Terrace
Lake Mary, FL 32746
January 3, 2019

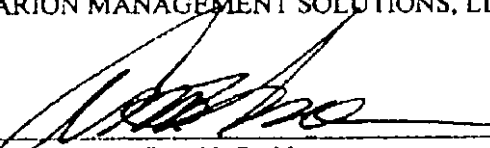
Florida Secretary of State
Corporations Division
P.O. Box 6327
Tallahassee, FL 32314

Re: Clarion Management Solutions, LLC
Florida Document Number L10000092743

Dear Sir or Madam:

The undersigned, Cary H. Smith, of Clarion Management Solutions, LLC, a Florida limited liability company, does hereby inform the State of Florida that such entity consents to the use of the name Clarion Management Solutions, LLC for purposes of qualifying a Delaware limited liability company of same name to do business in the State of Florida.

CLARION MANAGEMENT SOLUTIONS, LLC, a Florida limited liability company

By: 
Name: Cary H. Smith
Title: President

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2019 JAN - 3 PM 1: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name is OK
per Michelle
1/4/19

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. Clarion Management Solutions, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-2713764 (FBI number, if applicable)

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

5. 735 Primera Blvd, Suite 210 (Street Address of Principal Office)
6. (Mailing Address)
Lake Mary, FL 32746

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

Name: Incorporating Services, Ltd.
Office Address: 1540 Glenway Drive
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.

Richard Alba, Assistant Secretary
(Registered agent's signature)

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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:

MBR

Employers Health Network Holdings, LLC

465 West Coleman Blvd., Suite 202, Mt. Pleasant, SC 29464

(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, P.S.



Signature of an authorized person

Russell Burks

Typed or printed name of signer

SECRETARY OF STATE
ALEX HASSEEL-FLORIDA

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLARION MANAGEMENT SOLUTIONS, 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 THIRD DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLARION MANAGEMENT SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2017.

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

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2019 JAN -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20190038736

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

Authentication: 202011292

Date: 01-03-19