

MP000000246S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

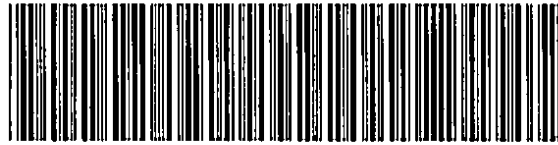
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TALLAHASSEE, FLORIDA

2013 FEB 26 PM 10:36

FILED

3/18/19 DS

February 21, 2019

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

Re: Registration of Wellfleet Benefits, LLC

Dear Madam/Sir:

Enclosed please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Wellfleet Benefits, LLC. I have included a copy of the Certificate of Good Standing from our domicile state of Massachusetts as well as a check for \$155 (filing fee and certified copy). If the attached meets with your approval, please provide a Certificate of Authority.

If you have any questions or need further information, please do not hesitate to contact me.

Thank you.

Sincerely,

Rosemary Ryan

Rosemary Ryan
Legal Supervisor
RRyan@CHPemail.com
413-733-4540, ext. 133

FILED
2019 FEB 20 10 25
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellfleet Benefits, 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:

Rosemary Ryan

Name of Person

Wellfleet Group, LLC

Firm/Company

2077 Roosevelt Ave.

Address

Springfield, MA 01104

City/State and Zip Code

rryan@wellfleetinsurance.com

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

For further information concerning this matter, please call:

Rosemary Ryan

800

633-7867

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

FILED
2019 FEB 26 P 10:35
TALLAHASSEE, FL

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. Wellfleet Benefits, 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. 20-2934197

(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 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 2077 Roosevelt Ave

6. 2077 Roosevelt Ave

(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

32301

(City)

, Florida

(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.

Kim Peters Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☒ Manager Name: Timothy J. Kenesey
☐ Member Address: 5814 Reed Rd.
☐ Authorized Fort Wayne, IN 46835
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Andrew M. DiGiorgio
☐ Member Address: 2077 Roosevelt Ave.
☐ Authorized Springfield, MA 01104
Person _____
☒ Other President ☒ Other CEO

☐ Manager Name: Betsy M. Stevens
☐ Member Address: 2077 Roosevelt Ave.
☐ Authorized Springfield, MA 01104
Person _____
☒ Other Secretary ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Anthony J. Bowser
☐ Member Address: 5814 Reed Rd.
☐ Authorized Fort Wayne, IN 46835
Person _____
☐ Other _____ ☐ Other _____

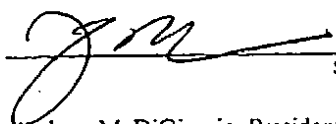
☐ Manager Name: Bradley G. Newell
☐ Member Address: 2077 Roosevelt Ave.
☐ Authorized Springfield, MA 01104
Person _____
☒ Other Treasurer ☐ Other _____

☐ Manager Name: Angela M. Adams
☐ Member Address: 5814 Reed Rd.
☐ Authorized Fort Wayne, IN 46835
Person _____
☒ Other Assistant Secretary ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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, President and CEO

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

February 13, 2019

TO WHOM IT MAY CONCERN:

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

WELLFLEET BENEFITS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 31, 2005.

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, ANTHONY A. BOWSER, 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, ANTHONY A. BOWSER, 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, ANTHONY A. BOWSER**

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