

4/2/2019

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

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
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2019 APR -2 AM 11:36
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company CONNECTICUT HEALTHCARE INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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APR - 2
S. PRATHEP

Fax Audit H190001086693

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. CONNECTICUT HEALTHCARE INSURANCE SERVICES, 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. Connecticut (Jurisdiction under the law of which foreign limited liability company is organized)
3. 52-2378304 (FEI 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 penalty liability))

5. 47 Barnes Industrial Road S, Wallingford, Connecticut 06492
(Street Address of Principal Office)

6. 47 Barnes Industrial Road S, P.O. Box 5042, Wallingford, Connecticut 06492
(Mailing Address)

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

Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Mark Williams, A.V.P., Business Filings Incorporated
(Registered agent's signature)

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

Member: Diane M. Ritucci, 47 Barnes Industrial Road S P.O. Box 5042, Wallingford, Connecticut 06492

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)

Signature of an authorized person

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.

Diane M. Ritucci, Member
Typed or printed name of signer

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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

CONNECTICUT HEALTHCARE INSURANCE SERVICES, LLC

a domestic limited liability company, were filed in this office on September 09, 2002.

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: April 01, 2019

Business ID: 0725160

Express

Certificate Number: 2019225446001

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