M 19000003929

(Re	equestor's Name)
(Ad	ldress)
bA)	ldress)
(Cit	ty/State/Zip/Phone #)
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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		COV	ER LETTER			
TO: Re Div	gistration Section ision of Corporation	\$				
SUBJECT:	Benchmark Admini	strators. LLC				
		Name of Li	mited Liability (Company		
		ign Limited Liability Compar to register the above reference	ee toreign min	tion to Trans ed liability c	act Business in Florida." ompany to transact busin	Certificate of ess in Florida.
Please return	all correspondence co	ncerning this matter to the fo	llowing:			
	Terri LeClerc					
		Nam	e of Person			
		Firm	Company			
	5245 Jennifer Pla	ce				
		بر	ddress			
	Orlando, FL 328	07				
		City/State	and Zip Code			
	tleclere@benchmar	kadministrators.com	·			
		E-mail address: (to be used fo	r future annual r	eport notific	ation)	
or further in		his matter, please call;				
Terri	LeClerc		407	717-0001		
	Name of (Contact Person	Area Code	Daytime	e Telephone Number	
<u>MAI</u> Divis	LING ADDRESS: ion of Corporations		ŝ	STREET AL	DDRESS:	
Regis	tration Section		Division of Corporations			
	Box 6327		r	Registration (Clifton Build	Section	
Talla	hassee. FL 32314		1	2661 Executi Fallahassee, 1	ve Center Circle	
Enclo Picas	sed is a check for the make check payable	following amount: to: FLORIDA DEPARTME				
	125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	_	iling Fee &	S160.00 Filing Fe	e. Certificate ied Copy

FILED

2018 APR 18 AN 8:56

出品的教育。 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

L. Benchmark Administrators, LLC

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California 81-1896786 Unroduction under the law of which foreign inneed labelity company is organized) (Fei number, if applicable) (Maining Address of Principal Office) (Maining Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Tallahassee (Florida (Florida	name unavailable, enter alternate	name adopted for the purpose of transacting business i	r Florida. The atternate name must include "famited Liability Company," "Laft, C	"or "t Li
Unrediction under the law of which foreign limited liebdity company is organized? 3. (Fit number, if applicable) (Date first ranses ted business in Foreids, if point to registration in the sections off 0001 & 605 0005, F.S. to determine penalty liability? 3. (Fit number, if applicable) (Street Address of Principal Office) 6. PO Bolk 9 40097 (Mailing Address) (Mailing Address) Mailland, FL 32751 Mailland, FL 32751 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 7. Name: 2458 Lakeshore Drive Office Address: Tallahassee	California			. ज
Object disservation in formate of point to registration ((See vections 60 0001 & 600 0005, FS to determine penalty liability) 875 Concourse Pkwy South Ste, 160 (Since Address of Phone at 600 0005, FS to determine penalty liability) Mailing Address) Name: CRS Agents, LLC Name: Office Address: Tallahassee	the draw and the day		3 1-1030/00	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Value: UKS Agents, LLC Name: 3458 Lakeshore Drive Office Address: 32312	sourcementer under the lass of a	which foreign limited liability company is organized)	(Fill number, if applicable)	_,
875 Concourse Pkwy South Ste. 160 6. PO Bok 940097 Officer Address of Principal Office) 6. PO Bok 940097 Maitland, FL 32751 Maithand, FL 32794 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Not acceptable) Name: UKS Agents, LLC Office Address: 3458 Lakeshore Drive Tallahassee 32312				
875 Concourse Pkwy South Ste. 160 6. PO Bok 940097 Officer Address of Principal Officer) 0. 0. Maitland, FL 32751 Mait Hand, FL 32794 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mait Address Name: UKS Agents, LLC Office Address: 3458 Lakeshore Drive Tallahassee 32312		(Date first transacted business in Forida, if pri- tSee sections 605 0904 & 605 0905, F.S. to de	r to registration (
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		South Ste. 160		
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	(Street Address of	Principal Office)	6	·
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	Maitland EL 2775)			
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			Maitland Fl 37.	10,1
Name: UKS Agents, LLC Name: 3458 Lakeshore Drive Office Address: Tallahassee			Maitland, Fl 32;	<u> 19 y</u>
Name: UKS Agents, LLC Name: 3458 Lakeshore Drive Office Address: Tallahassee			Maitland, Fl 32;	<u> 19 y</u>
Name: Office Address: Tallahassee 32312				<u> 19 y</u>
Office Address:				<u>194</u>
Office Address:	Name and <u>street addre</u>	ss of Florida registered agent: (P.O. H	ox <u>NOT</u> acceptable)	<u>19 y</u>
Office Address:	Name and <u>street addre</u>	ss of Florida registered agent: (P.O. E UKS Agents, I.I.C	ox <u>NOT</u> acceptable)	<u>19 y</u>
Tallahassee 32312	Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. H UKS Agents, I.I.C	ox <u>NOT</u> acceptable)	
	Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. H UKS Agents, LLC 3458 Lakeshore Drive	ox <u>NOT</u> acceptable)	
	Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. H UKS Agents, I.I.C 	ox <u>NOT</u> acceptable)	

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. URS 4555 LC. Christian Eubanks, Assistant Secretary (Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity	:	Name and Address:
Manager	Name: Alison LePore		_	
Member	Address: 875 Concourse Pkwy South			
Authorized	Ste. 160	Authorized	Address	
Person	Maitland. FL 32751	Person		20 8
Other	Other	Other		
Manager	Name:	🗌 Manager	Name:	
Member	Address:	🔲 Member	Address:	<u> </u>
Authorized		Authorized		
Person		Person		
DOther	Other	Other		
Manager	Name:	Manager	Name:	
Member	Address:	🗋 Member	Address:	
Authorized		Authorized		
Person		Person	— —	
Other	Other	Other		Other

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]:

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 605.0205 (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 \$.817.155. F.S.

Autornation of state constitutes a united degree retory as provided for its 5.017.1 Sugnature of an authorized percory TETTI LECLERC Typed or primed name of sighter

BPDRECORDS

State of Callfornia Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: BENCHMARK ADMINISTRATORS, LLC

FILE NUMBER: PORMATION DATE: TYPE: JURISDICTION: STATUS: 201606110158 02/23/2016 DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA ACTIVE (GOOD STANDING)

I, ALEX PADILLA. Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 9, 2019.

ALEX PADILLA Secretary of State

APR 19 2019

S & C Claims

NP-25 (REV 02/2019)