

9/5/2019

Division of Corporations

**M19000008576**

State Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
Human and Social Services Risk Purchasing Group, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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FBI

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SEP 06 2019

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:


- (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.")

4. Upon Qualification (Date first inactivated business in Florida, if prior to registration)  
(See sections 605.09034 and 605.0904, F.S. to determine penalty liability)

5. 6725 Miami Avenue, Suite 102  
(Street Address of Principal Office)  
Madeira, OH 45243
6. Same  
(Mailing Address)
- SEP-5

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
- (City) (Zip code)

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 the capacity of registered agent 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.

By: C T Corporation System   
(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> |
|---------------------------|---|---------------------------|--------------------------|
| MEMBER                    | Dempsey & Siders Agency, Inc.<br>6725 Miami Avenue, Suite<br>102, Madeira, OH 45243 |                           |                          |
|                           |   |                           |                          |
|                           |   |                           |                          |
|                           |   |                           |                          |

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.

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UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HUMAN AND SOCIAL SERVICES RISK PURCHASING GROUP, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4353746, was organized within the State of Ohio on July 2, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 5th day of September, A.D. 2019.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 201924801490