M20000000620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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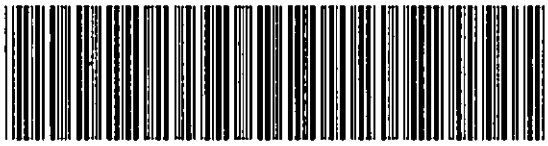

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FILED

JAN 16 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everlong Group Medical Captive Services, 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:

Sherry Gaskill
Name of Person

Everlong Group Medical Captive Services, LLC
Firm Company

1901 Butterfield Rd. Ste 920
Address

Downers Grove, IL 60515
City/State and Zip Code

sherry_gaskill@everlongcaptive.com
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Sherry Gaskill at (630) 960-5356
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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 FOR A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Inverlong Group Medical Captive Services, LLC
(Name of the Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C." or "LLC")

2. Illinois
(Jurisdiction where formed, organized or incorporated)

3. [illegible]

4. 01/01/2020
(Date first transacting business in Florida)

5. 1901 Butterfield Rd, Ste 920
Downers Grove, IL 60515
(Street address and mailing address of principal office)

6. 1901 Butterfield Rd, Ste 920
Downers Grove, IL 60515

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 Rd

Plantation, Florida 33324

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.

Kelsea C Holton Kelsea Holton 12/17/19
(Registered agent's signature)
Assistant Secretary

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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:	Title or Capacity:	Name and Address:
☒ Manager	Name: Douglas Tmax	☐ Manager	Name:
☐ Member	Address: 1264 Candlewood Ct	☐ Member	Address:
☐ Authorized Person	Downers Grove, IL 60515	☐ Authorized Person	
☐ Other	Other	☐ Other	Other
☐ Manager	Name: Sherry Gaskill	☐ Manager	Name:
☒ Member	Address: 16625 Bayou Crest Dr	☐ Member	Address:
☐ Authorized Person	Winter Garden, FL 34787	☐ Authorized Person	
☐ Other	Other	☐ Other	Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	Other	☐ Other	Other

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Important Notice: Use an attachment to report more than six (6). The attachment will be entered for reporting purposes only. No 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, and affirms 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

Sherry Gaskill

Typed or printed name of signer

File Number 0407728-8

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EVERLONG GROUP MEDICAL CAPTIVE SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 17, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 17TH *day of* DECEMBER *A.D.* 2019 .

Authentication #: 1935100464 verifiable until 12/17/2020

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE