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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JAN 16 2020

T. LEMIEUX

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 116084 7292475  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 130.00

-----  
ORDER DATE : December 27, 2019  
ORDER TIME : 5:50 PM  
ORDER NO. : 116084-015  
CUSTOMER NO: 7292475  
-----

FOREIGN FILINGS

NAME: SIGNIFICA BENEFIT SERVICES,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER: \_\_\_\_\_

FILE 2nd

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Significa Benefit 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:

Attn: Erin Pearson

\_\_\_\_\_  
Name of Person

Perkins Coie

\_\_\_\_\_  
Firm/Company

1111 West Jefferson Street, Suite 500

\_\_\_\_\_  
Address

Boise, Idaho 83702-5391

\_\_\_\_\_  
City/State and Zip Code

L.Connors@significabenefits.com; aray@significabenefits.com

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

For further information concerning this matter, please call:

Erin Pearson

208

387-7544

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

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. Significa Benefit Services, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(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 "L.L.C.")

2. Pennsylvania 23-2504308  
(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. 118 WEST AIRPORT ROAD P.O. BOX 7777  
(Street Address of Principal Office) (Mailing Address)  
LITITZ, PA 17543 LANCASTER, PA 17604-7777

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

Name: CORPORATION SERVICE COMPANY  
Office Address: 1201 HAYS STREET  
TALLAHASSEE  
(City)

Florida 32301  
(Zip code)

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TALLAHASSEE, FLORIDA

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.

By: CORPORATION SERVICE COMPANY  
(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: HealthComp Holding Company, Inc.  
☒ Member Address: 621 Santa Fe Avenue  
☐ Authorized Fresno, CA 93721  
Person  
☐ Other ☐ Other

☐ Manager Name: Tucker Stein  
☐ Member Address: 621 Santa Fe Avenue  
☒ Authorized Fresno, CA 93721  
Person  
☐ Other ☐ Other

☐ Manager Name: Lucille M. Connors  
☐ Member Address: PO Box 7777  
☐ Authorized Lancaster, PA 17604-7777  
Person  
☒ Other President ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

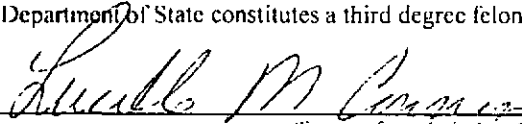
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ 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

Lucille M. Connors

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

12/02/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Significa Benefit Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Kathly Bookman*

Secretary of the Commonwealth

Certification Number: TSC191202141224-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>