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Account#: I2000000088

Date: March 10, 2020	ACCOUNT#. 12000000000
Name: KEN HOWELL	-
Reference #:1197255	
Entity Name:	BENEFFECT, LLC
✓ Articles of Incorporation/Author	
Amendment	ZOZO HAR I
☐ Change of Agent	ISSUES? CALL 5
Reinstatement	
☐ Conversion	KEN: EFG P 518-213-0738.5 518-213-0738.5 51
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$125	5.00
Signature	

COVER LETTER

TO: Registration Section

Div	sion of Corporations						
SUBJECT:	BENEFFECT LLC						
SUBJECT.	Name of Limited Liability Company						
The enclosed Existence, as	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate defects are submitted to register the above referenced foreign limited liability company to transact business in Florida.	e of rida.					
Please return	all correspondence concerning this matter to the following:						
	Linda Wainwright	•					
	Name of Person						
	Name of Person Taft Stettinius & Hollister, LLP Firm/Company 111 E. Wacker Drive, Suite 2800 Address Chicago, IL 60601	<u> </u>					
Firm/Company							
	Firm/Company 111 E. Wacker Drive, Suite 2800 Address	П					
	Address						
	Chicago, IL 60601						
	City/State and Zip Code						
	lwainwright@taftlaw.com						
	E-mail address: (to be used for future annual report notification)						
For further is	formation concerning this matter, please call:						
Lir	da Wainwright 312 836-4075						
	Name of Contact Person Area Code Daytime Telephone Number						
Div Reg P.C	ILING ADDRESS: ision of Corporations Division of Corporations istration Section Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	losed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE						
	\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certified Copy 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. BENEFFECT LLC	Limited Liability Company, must include "Limit	od Liabili	v Company	, '' ''I. I. Ĉ	"or 41C"	· · · ·		
(Name of Foldigh	Zamed Captury Coupeny, man account in the		, 000.,	,	.,	,		
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in F	lorids. The e	liternate name	must inclu	rde "Limited Li	shility Compar	зу," "L.L.C," с	x "LLC")
ILLINOIS 2.		3	N/A					
(Jurisdiction under the law of wi	sich foreign limited liability company is organized)	٠.			(FEI nun	ber, if applica	ble) \approx	
N/A 4.						ALLA ALLA	2020 HAR	-11
7.	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deten	o registration nine penalty	n.) tiability)			7.5	RIO	<u> </u>
3000 S HWY A1A #40		6.	3000 S		A1A #402	SSEE.	- - 0	1
(Street Address of P	rincipal Office)	_,			(Mailing Ad	dress) -T;	υ <u></u>	
JUPITER, FL 33477			JUPITE	R, FL 3	3477	ORID	H L: LT	<u>. </u>
						P	•	
								
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptabl	e)				
Name:	COGENCY GLOBAL INC.							
Office Address:	115 North Calhoun Street, Suite 4							
	Tailahassee			Florida	32301			
	(City)		·		(Zip co	de)		

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.

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: CRAIG SIEGLER Mannger-Name: _____ Manager 3000 S HWY ATA #402 Address: Address: _ Member Member JUPITER, FL 33477 Authorized Authorized Person Person Other_ Other_____ Other_ Manager | Name: Manager Name: Member | Address: Address: _____ ☐Member Authorized ■ Authorized Person Person Other____ Other____ Other Other___ Manager Manager Name: Name: ______ Manager Member Address: Member Address: Authorized ■ Authorized Person Person Other _____ Other Other____ Other 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 605.0203 (1) (b), Florida Statutes. I am aware that any false information. submitted in a document to the Department of State constitutes a third degree Jelony as provided for in \$.817.155, F.S. **CRAIG SIEGLER**

Typical or printed name of signer

File Number

0348026-7



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

BENEFFECT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 05, 2011, 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 10TH day of MARCH A.D. 2020.

Authentication #: 2007001950 verifiable until 03/10/2021 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE