

6/2/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SKaplan@hphone.comForeign Limited Liability Company
HealthPlanOne, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,617.50

2021 SEP 20 PM 4:29

ELECTRONIC FILING
FLORIDA

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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. HealthPlanOne, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Connecticut
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-4098658
(FEC number, if applicable)
4. 05/31/2006
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. 35 Nutmeg Drive Ste. 220
(Street Address of Principal Office)
6. 35 Nutmeg Drive Ste. 220
(Mailing Address)
- Trumbull, Connecticut 06611
Trumbull, Connecticut 06611
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

M. Williams

(Registered agent's signature)

Murk Williams, A.V.P., Business Filings Incorporated

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: William Stapleton	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	35 Nutmeg Drive, Ste. 220	<input type="checkbox"/> Authorized	_____
Person	Trombull, Connecticut 06611	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

William Stapleton 9/8/2021

 Signature of an authorized person

William Stapleton

 Typed or printed name of signer

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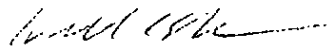
6/30/2021

HealthPlanOne, LLC
35 Nutmeg Drive, Ste. 220
Trumbull, CT 06611
RE: Letter of Consent

To Whom It May Concern:

I am the current president of the entity HEALTH PLAN ONE, INC which is currently filed in Florida. I am writing to provide my consent for use of the company name HealthPlanOne, LLC in the state of Florida as I feel there will be no direct conflict. Please contact me with any further questions using my contact information I have provided below.

Sincerely,



William Stapleton, President of HEALTH PLAN ONE, INC.
35 NUTMEG DRIVE, SUITE 220
TRUMBULL, CT 06611
203-402-2530

Secretary of the State of Connecticut
Certificate of Legal Existence
Express Certificate

Date Issued: September 20, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	HEALTHPLANONE, LLC
Business ALEI	US-CT.BER:0844704
Formation Date	01/09/2006



Secretary of the State

Business ALEI: US-CT.BER:0844704

Certificate Number: C-00009146

Note: To verify this certificate, visit <http://www.business.ct.gov>