

12/20/22, 5:05 PM

Division of Corporations

**M2300000439**

Florida 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 : FC4000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: regulatorycompliance@ibx.com

**Foreign Limited Liability Company  
Independence Blue Cross, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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JAN 13 2023

M. SOLOWEN

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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. Independence Blue Cross, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

46-3867722

(FEI number, if applicable)

4. 9/27/2022

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1901 Market Street

(Street Address of Principal Office)

6.

1901 Market Street

(Mailing Address)

Philadelphia, PA 19103

Philadelephia, PA 19103

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

(City)

, Florida

33324

(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 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.

C T Corporation System

By:

(Registered agent's signature)

Lisa Dubois,

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]:

<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: <u>Gregory E. Deavens</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Thomas A. Hutton</u>
<input type="checkbox"/> Member	Address: <u>1901 Market Street</u>	<input type="checkbox"/> Member	Address: <u>1901 Market Street</u>
<input type="checkbox"/> Authorized	<u>Philadelphia, PA 19103</u>	<input type="checkbox"/> Authorized	<u>Philadelphia, PA 19103</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Juan A. Lopez, Jr.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Richard L. Snyder, M.D.</u>
<input type="checkbox"/> Member	Address: <u>1901 Market Street</u>	<input type="checkbox"/> Member	Address: <u>1901 Market Street</u>
<input type="checkbox"/> Authorized	<u>Philadelphia, PA 19103</u>	<input type="checkbox"/> Authorized	<u>Philadelphia, PA 19103</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>G. Kenneth Robinson, III</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>1901 Market Street</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Philadelphia, PA 19103</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

DocuSigned by  
G. Kenneth Robinson, III  
 1254115202025478 Not an authorized person

G. Kenneth Robinson, III, Vice President, Tax and Accounting

Typed or printed name of signer

2022 DEC 20 PM 1:32

FILED

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** Independence Blue Cross, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** December 16, 2022  
**Request No.:** 006574931 **File No.:** 0004219908  
**Receipt No.:** 000294534  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** October 10, 2013  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

Independence Blue Cross, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year  
above written

**Leigh M. Chapman**  
Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)