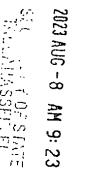
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(Requestor's Name)	
(Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	_	
(Business Entity Name)	
(Document Number)	
Certified Copies	_ Certificates of S	Statue
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Special Instructions to F	Filing Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 91-7460 8423171

AUTHORIZATION SAKVELLERAS

COST LIMIT : \$ 125.00

ORDER DATE : August 2, 2023

ORDER TIME : 7:50 AM

ORDER NO. : 917460-050

CUSTOMER NO: 8423171

FOREIGN FILINGS

NAME: CHAMPION BENEFIT ADVISORS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	Limited Elability Company; must include "Limited	d Liability Company," "I. L.C.," or "I.I.C."	")	
iaine univivilable, enter alternate i	sume adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Lonited L	Sability Company," "1.1, C," or "1,1,C ")	
тх		85-4285907		
(Jurisdiction under the law of which foreign hmited liability company is organized)		3. (Fil number, if applicable)		
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration) ne penalty liability)		
2601 Network Blvd., Ste. 500		2601 Network Blva., Ste. 500		
(Spect Address of Principal Office)		6(Mailing Address)		
Frisco, TX 75034		Frisco, TX 75034		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	(i) Do	
Name:	Corporation Service Company		23 AL	
Name: Office Address:	Corporation Service Company 1201 Hays Street		2023 AUG -8 Seledakas	
	1201 Hays Street	32301 , Florida	-8 A)	

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.

Corporation Service Company Sansan, AW

(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: Title or Capacity: Name and Address: Name: ____Brian J. Duly Name: Brandon M. Wood × Manager × Manager 2601 Network Blvd., Stc. 500 2601 Network Blvd., Ste. 500 Member Member Address: Frisco, TX 75034 Frisco, TX 75034 Authorized Authorized Person Person Other Other Other Other Manager Name: Manager Member Member Address: Authorized Authorized Person Person Other____ Other____ Other Other Manager Manager Name: ___ Name: Member Member Address: Address: Authorized Authorized Person Person 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 felony as provided for in s.817.155, F.S. Christy Fortentiery
Signature of an nuthorized person

Typed or printed name of signee

Christy Fortenberry



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Champion Benefit Advisors, LLC (file number 803824179), a Domestic Limited Liability Company (LLC), was filed in this office on November 09, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 07, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave-Helson

Jane Nelson Secretary of State