

M24000008962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

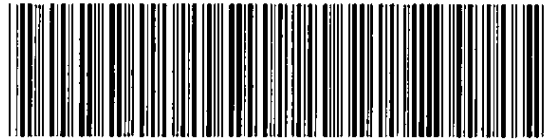
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STATE  
TOLSON/MASSLE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medivest Benefit Advisors, 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:

Jim Johnson  
Name of Person

Medivest Benefit Advisors, LLC  
Firm/Company

PO Box 23910,  
Address

Santa Barbara, CA 93121  
City/State and Zip Code

jjohnson@medivest.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Johnson at ( 805 ) 568-1751  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Medivest Benefit Advisors, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC."

2. DE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/3/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2100 Alafaya Trail 6. 4250 Alafaya Trail  
(Street Address of Principal Office) (Mailing Address)

Suite 204 Suite 212-322

Oviedo, FL 32765 Oviedo, FL 32765

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

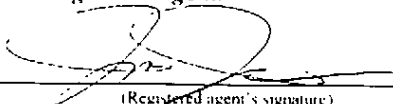
Name: Jim Johnson

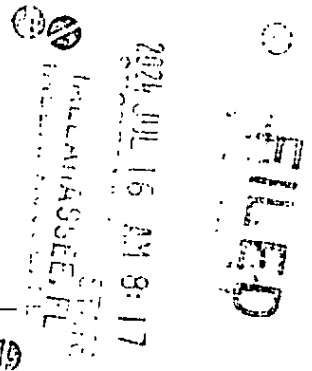
Office Address: 4250 Alafaya Trail, Suite 212-322

Oviedo, Florida 32765  
(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 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]:

<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>Jim Johnson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Aaron Winnell</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 23910</u>	<input type="checkbox"/> Member	Address: <u>4250 Alafaya Trail</u>
<input type="checkbox"/> Authorized	<u>Santa Barbara, CA 93121</u>	<input type="checkbox"/> Authorized	<u>Suite 212-322</u>
Person	_____	Person	<u>Oviedo, FL 32765</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Donald Bennett</u>	<input type="checkbox"/> Manager	Name: <u>Terri Bennett</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 23910</u>	<input checked="" type="checkbox"/> Member	Address: <u>PO Box 23910</u>
<input type="checkbox"/> Authorized	<u>Santa Barbara, CA 93121</u>	<input type="checkbox"/> Authorized	<u>Santa Barbara, CA 93121</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Douglas Brand</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 23910</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Santa Barbara, CA 93121</u>	<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.

  
\_\_\_\_\_  
Signature of an authorized person

Jim Johnson  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MEDIVEST BENEFIT ADVISORS, LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2023.



2681675 8300

SR# 20234220342

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204823270

Date: 12-14-23