

M24000014196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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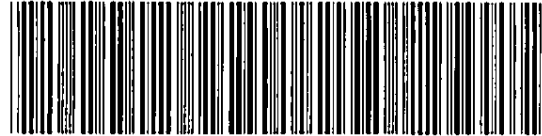
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32302

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SECRETARY OF STATE  
TALLAHASSEE, FL 32302

CSV - 7 2024

K. Brumbley



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 11/06/2024

Name: Cheyenne Davis

Reference #: 2500968

Entity Name: BENEFIT PLANS ADMINISTRATIVE SERVICES, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

📍CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

📍EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #010712  
6 LLOYDS AVE, UNIT 4C1  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

📍ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

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. BENEFIT PLANS ADMINISTRATIVE SERVICES, 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 16-1616474  
(FEI number, if applicable)

4. 01/01/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6 Rhoads Drive, Suite 7  
(Street Address of Principal Office)

6. 5790 Widewaters Parkway  
(Mailing Address)

Utica, NY 13502  
Dewitt, NY 13214

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

T. Giumarra  
(Registered agent's signature)

Cogency Global Inc. - Tracy Giumarra, Assistant Secretary

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AND  
FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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 type="checkbox"/> Manager	Name: <u>Paul Neveu</u>	<input type="checkbox"/> Manager	Name: <u>Danielle M. Cima</u>
<input type="checkbox"/> Member	Address: <u>6 Rhoads Drive, Suite 7</u>	<input type="checkbox"/> Member	Address: <u>6 Rhoads Drive, Suite 7</u>
<input type="checkbox"/> Authorized	<u>Utica, NY 13502</u>	<input type="checkbox"/> Authorized	<u>Utica, NY 13502</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>President &amp; CEO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Deresa F. Durkee</u>	<input type="checkbox"/> Manager	Name: <u>MARIL SHIMER</u>
<input type="checkbox"/> Member	Address: <u>6 Rhoads Drive, Suite 7</u>	<input type="checkbox"/> Member	Address: <u>5790 WIDEWATERS PKWY</u>
<input type="checkbox"/> Authorized	<u>Utica, NY 13502</u>	<input checked="" type="checkbox"/> Authorized	<u>DEHIST NY 13214</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<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.

Mark K. Shimer  
Signature of an authorized person

MARK K SHIMER  
Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BENEFIT PLANS ADMINISTRATIVE SERVICES, LLC  
DOS ID Number: 2792081  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 07/22/2002  
  
Statement Status: CURRENT  
Statement Due Date: 07/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on November 06, 2024 at 01:54 P.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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