Typed Name

APPLICATION FOR CERTIFICATE ILED EFFECTIVE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL -6 AM 8: 38

7.	The name of the limited liability company is:
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Co-ordinated Benefit Plans, LLC

SECRETARY OF STATE STATE OF IDAHO

2.	If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:
3.	The jurisdiction under whose laws the limited liability company is formed is: Florida
4.	The name and complete street address of the registered agent in Idaho is:
	National Registered Agents, Inc. 1423 Tyrell Lane, Boise, Idaho 83706
5.	The street and mailing address of the limited liability company's principal office in Idaho is:
	Street Address
	Authors .
	Mailing Address, if different
6. T	The street and mailing addresses of the limited liability company's office in the jurisdiction under whose laws it is organized is:
	26133 US 19 North, Suite 400, Clearwater, FL 33763
Æ	PO Box 20594, Tampa, FL 33622 #################################
	he name and mailing address of at least one member or manager:
3	Suzanne E. Whalen 800 Kinderkamack Road, Oradell, NJ 07649
3. S	ignature of an authorized person:
-44	Suzanne E. Whalen 06/29/09 Secretary of State use only
	Suzanne E. Whalen 06/29/09

IDAHO SECRETARY OF STATE 07/06/2009 05:00 CK: 578 CT: 235562 BH: 1177613 1 0 100.00 = 100.00 REGFORGLIC 0 2

W\$5220

State of Florida Department of State

I certify from the records of this office that CO-ORDINATED BENEFIT PLANS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 11, 2009, effective July 23, 1980.

The document number of this limited liability company is L09000045488.

I further certify that said limited liability company has paid all fees due this office through December 31, 2009, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Ninth day of June, 2009

Secretary of State



Authentication ID: 400157942884-062909-L09000045488

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html