

State of Idaho

Office of the Secretary of State

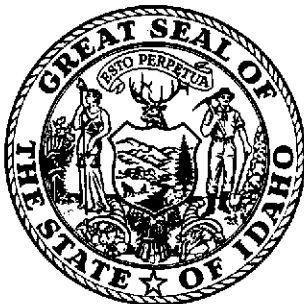
**CERTIFICATE OF REGISTRATION
OF
ADVANCED BENEFIT SOLUTIONS LLC**

File Number W 193509

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 28, 2017



Lawrence Denney
SECRETARY OF STATE

By *May Perkins*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 DEC 28 PM 2:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Advanced Benefit Solutions LLC

2. The name which it shall use in Idaho is: _____

3. Select the type of entity you wish to register: _____
(Enter a name here, only if you are required to adopt an alternate name)

- Business Corporation
- Nonprofit Corporation
- Limited Liability Partnership
- Limited Liability Company
- General Partnership
- General Cooperative Association
- Limited Partnership (including a limited liability limited partnership)
- Statutory Trust, Business Trust, or Common-law Business Trust

Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: Wyoming
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
3675 Crestwood Pkwy NW Ste 120 Duluth, GA 30096
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from Item 5, is:

(Address)

8. The name of the registered agent and street address of registered agent in Idaho:
C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)

9. The name, capacity, and mailing address of at least one governor:
CHARLES C. POTEET IV Member 3675 CRESTWOOD PKWY #120, DULUTH GA
(Name) (Capacity) (Address) 30096

(Name) (Capacity) (Address)

Signature:
Typed Name: CHARLES C. POTEET IV
Capacity: Member

Secretary of State use only

IDAHO SECRETARY OF STATE
12/28/2017 05:00
CK:PREPAID CT:278665 BH:1618463
1@ 100.00 = 100.00 FOR REG ST #2
1@ 20.00 = 20.00 EXPEDITE C #3

W193509

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

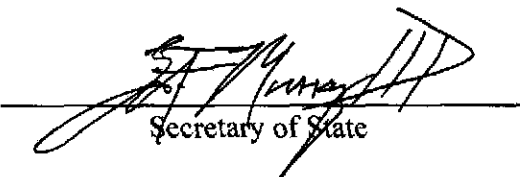
Advanced Benefit Solutions LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 8, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000673688**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of December, 2017 at 1:12 PM. This certificate is assigned 025052018.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.