

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
Secretary of State  
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**Certificate of Authority**  
**Foreign Business Entity**

**FBE**

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **profit** corporation.
2. The name of the entity is **Capstone Benefits Group**.
3. The name of the entity to be used in Kentucky is **Capstone Benefits Group Inc.**
4. The state or country under whose law the entity is organized is **Indiana**.
5. The date of organization is **1/1/2017**.
6. The mailing address of the entity's principal office is **6110 Technology Center Drive, Ste 500, Indianapolis, IN 46278**.
7. The street address of the entity's registered office in Kentucky is **2236 Broadhead Pl, Lexington, KY 40515** and the name of the registered agent in that office is **Mark Lamberth**.
8. The names and business addresses of the entity's representatives:  

Sally Curtis                      668 Jackson St, Brownsburg, IN 46112
9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:  
**Sally Curtis**

I, **Mark Lamberth**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Mark Lamberth