

P20753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

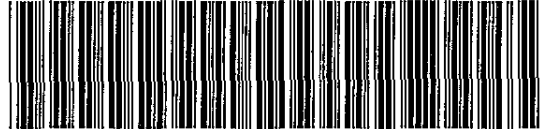
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/03--01009--018 **35.00

FILED
03 AUG 28 PM 3:33
RECEIVED
03/27-1 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

N.C.
C. Ocullette AUG 28 2003

CT CORPORATION SYSTEM

May 1, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5793904 WO
Customer Reference 1: None
Customer Reference 2: EBC-EBC

Dear Secretary of State, Florida:

Please file the attached:

Employee Benefit Consultants, Inc. (WI)
Evidence of Amendment
Florida.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED
03 AUG 28 PM 3:10
DIVISION OF CORPORATION

May 2, 2003

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: EMPLOYEE BENEFIT CLAIMS OF WISCONSIN, INC.
Ref. Number: P20753

We have received your document for EMPLOYEE BENEFIT CLAIMS OF WISCONSIN, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

To: Cheryl Coulliette
Document Specialist

Letter Number: 203A00027008

From: Melanie / CT Corporation
3:00 PM
8-28-03

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

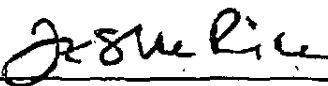
- FL021 - 9/4/2002 C T Filing Manager Online

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Leslie J. Rice, do hereby certify that this Resolution of the Board of Directors of Employee Benefit Consultants, Inc., a corporation duly organized and existing under the laws of the State of Wisconsin, was duly adopted on June 16, 2003.

Resolved, that Employee Benefit Consultants, Inc., organized and existing in the State of Wisconsin hereby adopts the name EBC Mid-America for use in Florida.
Inc.

Dated: July 25, 2003



Leslie J. Rice Signature of Director
Vice President, Secretary, Treasurer,
Director

• DOM
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

EMPLOYEE BENEFIT CONSULTANTS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is August 10, 1977.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on August 11, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: *Robert Harris*