

FOI 000005640

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A PLUS BENEFITS OF SLC, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: **600004655006--1**
-10/26/01--01056--002
FLORIDA & OFFSHORE BUSINESS FORMATION, INC. *****78.75 *****78.75
(Name of Person)
FLORIDA & OFFSHORE BUSINESS FORMATION, INC.
(Firm/Company)
20 S. Broad Street
(Address)
Brooksville, FL 34601
(City/State and Zip code)

For further information concerning this matter, please call:

Corinna Davis at (877) 239-2608
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy *10/30*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. A PLUS BENEFITS OF SIC, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. UTAH

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. JUNE 28, 1990

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 20 S. Broad Street, Brooksville, FL 34601

(Principal office address)

Same

(Current mailing address)

8. Any Lawful Activity

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Florida & Offshore Business Formation, Inc.

Office Address: 20 S. Broad St.,

Brooksville

(City)

, Florida 34601

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Coriana M. Woods for & on behalf of:
(Registered agent's signature)

Florida & Off Shore Business Formation, Inc.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: 20 S. Broad St., Brooksville, FL 34601

Vice Chairman: _____

Address: 20 S. Broad St., Brooksville, FL 34601

Director: _____

Address: 20 S. Broad St., Brooksville, FL 34601

Director: _____

Address: 20 S. Broad St., Brooksville, FL 34601

B. OFFICERS

President: BJ Wright

Address: 20 S. Broad St., Brooksville, FL 34601

Vice President: Larry B. Bartholomew

Address: 20 S. Broad St., Brooksville, FL 34601

Secretary: John B. Bartholomew

Address: 20 S. Broad St., Brooksville, FL 34601

Treasurer: Rick L. Bartholomew

Address: 20 S. Broad St., Brooksville, FL 34601

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John Bartholomew
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John Bartholomew, Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



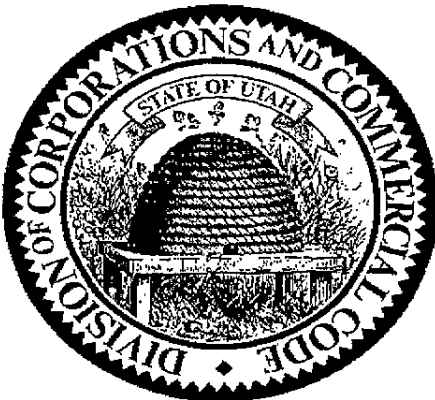
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, S.M. Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

September 24, 2001

CERTIFICATE OF EXISTENCE

Registration Number: 1080101-0142
Business Name: A PLUS BENEFITS OF SLC, INC.
Registered Date: JUNE 28, 1990
Entity Type: CORPORATION - DOMESTIC - PROFIT
Current Status: GOOD STANDING

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah.



Kathy Berg
Director
Division of Corporations and Commercial Code

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Dept. of Professional Licensing
(801) 530-6628

Real Estate
(801) 530-6747

Public Utilities
(801) 530-6651

Securities
(801) 530-6600

Consumer Protection
(801) 530-6601