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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

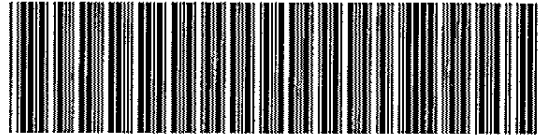
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select Benefit Services Association, (Inc.)
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rachel DiFulvio

(Name of Person)

National Administration Company

(Firm/Company)

16476 Chesterfield Airport Rd., 2nd Flr

(Address)

Chesterfield, MO 63017

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel DiFulvio

(Name of Person)

at (636) 530 - 7700

(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

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

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05 AUG 23 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Select Benefit Services Association, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Missouri 3. 43-1745696
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-1-96 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 16476 Chesterfield Airport Rd., 2nd Flr, Chesterfield, MO 63017
(Principal office address)

16476 Chesterfield Airport Rd., 2nd Flr, Chesterfield, MO 63017
(Current mailing address)
8. To enhance the quality of life by offering or providing educational information, and access to goods, services and
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Ronald Werner

Office Address: 4875 Coconut Creek Pkwy

Coconut Creek, Florida 33063
(City) (Zip Code)

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.


(Registered Agent's signature)

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.

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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

A. DIRECTORS

Chairman: Don Breckenridge Jr.

Address: 200 S. Hanley, Suite 710

Clayton, MO 63105

Vice Chairman: Tim Trunnell

Address: 707 Vivian

Collinsville, IL 62234

Director: Karen Boeker

Address: 13 Bordeaux Place

Lake St. Louis, MO 63367

Director: _____

Address: _____

B. OFFICERS

President: Don Breckenridge, Jr.

Address: 200 S. Hanley, Suite 710

Clayton, MO 63105

Vice President: Tim Trunnell

Address: 707 Vivian

Collinsville, IL 62234


Secretary: Karen Boeker

Address: same as above

Treasurer: Karen Boeker

Address: same as above

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

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

14. Karen Boeker, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**SELECT BENEFIT SERVICES ASSOCIATION
N00053752**

was created under the laws of this State on the 1st day of February, 1996, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 3rd day of August, 2005

Robin Carnahan

Secretary of State

