

F00000003084

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: EMPLOYER BENEFIT SERVICES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

MJH

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:

Anthony Burton

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, Ste. 550

(Address)

Little Rock, AR 72201-5271

(City/State/Zip)

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*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Anthony Burton

(Name of Person)

at (501) 664-8044

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 23 AM 9:02

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

**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. **EMPLOYER BENEFIT SERVICES, 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. **Delaware**

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

3. **33-0884153**

(FEI number, if applicable)

4. **October 26, 1999**

(Date of incorporation)

5. **Perpetual**

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

6. **Upon Qualification**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **18662 MacArthur Blvd., Suite 200**

Irvine, CA 92612

(Current mailing address)

8. **In the business of insurance, functioning as an insurance agency.**

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee, Florida, **32301**

(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.

Vicki Schaub, Asst. V.P.

(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: *** Please See Attached ***

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: *** Please See Attached ***

Address: _____

Vice President: _____

Address: _____

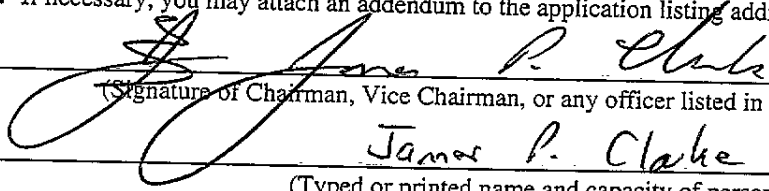
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Jamar P. Clarke CEO
(Typed or printed name and capacity of person signing application)

Employer Benefit Services, Inc.

18662 MacArthur Blvd., Suite 200
Irvine, CA 92612-1200

(949) 440-3274

Name	SSN#	Address	Corporate Officer or Director	Operating Position	Equity
Bert Hensley	247-98-4352	9171 Wilshire Blvd, # 428, Beverly Hills, CA	Chairman & President	-----	Shareholder
James Clarke	102-48-7039	18662 MacArthur Blvd., # 200, Irvine, CA 92612	Secretary	Chief Executive Officer	Shareholder
Robert Nielsen	567-02-1124	3434 102nd Street Evergreen Park, IL 60805	Director	Senior Vice President - Business Development	Shareholder
Tom Parker	327-40-2770	600 W. Fulton Street, 6th Floor, Chicago, IL 60661	Director	-----	Shareholder
Michael Stockwell	557-94-6724	436 Carnation Avenue Corona del Mar, CA 92625	-----	Executive Vice President - Operations	Shareholder
Michael Menzia	561-61-5861	815 Aleppo Newport Beach, CA 92660	-----	Executive Vice President - Sales	Shareholder
Stephanie Davis	005-54-2209	1714 Bel Air Road Los Angeles, CA 90077	-----	-----	Shareholder
Michael Graham	549-47-5374	29141 Murre Lane Laguna Nigel, CA 92677	-----	Vice President - Information Technology	Option Holder

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPLOYER BENEFIT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2000.



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0496905

DATE: 06-14-00