FOR COCCATERS 3.44

SUBJECT:	Insurane	Benefit	Plane	es In
	(Name of	corporation - must in	clude suffix)	
Dear Sir or Madam	Ŀ			
The enclosed "App "Certificate of Exist to transact business	lication by Foreign Corpostence", and check are subs in Florida.	oration for Authorization omitted to register the	ion to Transact Bus above referenced f	siness in Florid oreign corporat
Please return all co	TACK SE	this matter to the follow $SACE$	owing:	
		(Name of Person)	* - #12	erne.
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2728	2 Hickory	1 Hill R	کے	
		(Address)	\$\$ \$\$ \$\$ \$\$)80133
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	(0	City/State and Zip code	e) ^{赤意}	**** [U_UU
For further informed	ion concernies - It's	1 11		
_	tion concerning this matte	er, please call:		
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_	ns~E at 1	er, please call: (<u>F888</u>) <u>657</u> (Area Code & Day		
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(Name of P STREET ADDRES Registration Section Division of Corpora	Person)	(Area Code & Day MAILING Registratio Division o	G ADDRESS: on Section of Corporations	
(Name of P (Name of P STREET ADDRES Registration Section Division of Corpora 409 E. Gaines St.	erson) at ((Area Code & Day MAILING Registratio Division o P.O. Box 6	G ADDRESS: on Section of Corporations	
(Name of Postreet Address Registration Section Division of Corpora 409 E. Gaines St. Tallahassee, FL 323	erson) at ((Area Code & Day MAILING Registration Division of P.O. Box of Tallahasse	G ADDRESS: on Section of Corporations 6327	umber) PALLS AN ESTERNAL ON
(Name of P (Name of P STREET ADDRES Registration Section Division of Corpora 409 E. Gaines St. Tallahassee, FL 323	erson) at of the following amount:	(Area Code & Day MAILING Registration Division of P.O. Box of Tallahasse	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 26, 2002

JACK SENSALE 27282 HICKORY HILL RD BROOKSVILLE, FL 34602

SUBJECT: INSURANE BENEFIT PLANNERS INC

Ref. Number: W02000027942

We have received your document for INSURANE BENEFIT PLANNERS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 102A00054622

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. INSURANCE BENEFIT PLANERS INCORPORATION" OF COMPANY", "COMPANY", " 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.) Loui Siana
3. 72 1508-700
(State or country under the law of which it is incorporated)
(FEI number, if applicable) (Date of incorporation)

5. Fell petral

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

Por Certific atia (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.) 1743 Soniat St. New Ocleans LA 70115 (Principal office address) 282 Hickory Hill Rd Brooksville FL 34602 (Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 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.

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.

(Registered agent's signature)

A. DIRECTORS	24 € > ² π	
Chairman: Jack Se	NSC	
Address: 27282 H	FCKORZ HILL RE	
Brocks vi	16 FL 34602	
Vice Chairman:		
Address:		
Director:		-
Address:		
Director:		
Address:		
B. OFFICERS		
President: Jack Sensa	:le	5
address: Same as A		2.
		in.,,,
Vice President: Jack Sens	Sa C	
address: Sanc as A		
ecretary: Jack Sense ddress: Same as A	<u>L</u>	
ddress: Same as H	***************************************	
reasurer:		
ddress:		
NOTE: If necessary, you may attach an ad	ldeadum to the application listing ad-	ditional officers and/or directors
3.	The state of the s	
(Signature of Chairman, Vi	ice Chairman, or any officer listed in	- - -
4. Jack Se	nscle Preside.	



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

INSURANCE BENEFIT PLANNERS, INC.

A LOUISIANA corporation domiciled at NEW ORLEANS,

Filed charter and qualified to do business in this State on July 30, 2001,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 12, 2002

ABA 35120850D

Secretary of State

