

# F03000002204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Document  
Examiner DCC

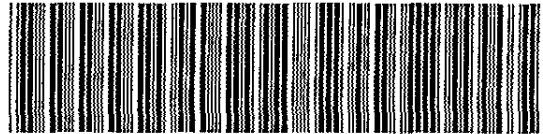
Updater DCC

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Updater  
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



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04/17/03--01092--002 \*\*78.75

STATE  
TALLAHASSEE, FLORIDA

03 MAY -2 AM 10:52

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**FARA**

**CORPORATE OFFICE**

2360 Fifth Street  
Mandeville, LA 70471  
(985) 624-8383 • Fax (985) 624-8489  
Toll Free (800) 259-8388 • [www.fara.com](http://www.fara.com)

April 16, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Re: FARA Benefit Services, Inc.

To Whom It May Concern:

Please find enclosed the Application by Foreign Corporation for Authorization to Transact Business in Florida, Transmittal Letter, List of Current Officers & Directors, Original Certificate of Existence and a check in the amount of \$78.75 (\$70 registration fee & \$8.75 certificate of status).

If you should have any questions or need additional information, please contact me at 985-624-6699.

Thank you,

Paula Townson  
Administration

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TALLAHASSEE, FLORIDA

**F.A. Richard & Associates, Inc.**

Atlanta • Baton Rouge • Boca Raton • Corpus Christi • Houma • Houston • Lafayette • Mandeville  
Miami • Mobile • Nashville • New Orleans • New York • Norfolk • Pascagoula • Shreveport • Signal Hill



**FARA Benefit Services, Inc.**  
2360 Fifth Street  
Mandeville, LA 70471  
(985) 624-8383 \* (800) 259-8388  
FAX: (985) 624-8489 \* [www.fara.com](http://www.fara.com)

April 30, 2003

Diane Cushing  
Florida Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399


Re: W03000011184  
FARA Benefit Services, Inc.

Dear Ms. Cushing,

Please find attached the Certificate of Good Standing from the LA SOS for FARA Benefit Services, Inc. as requested in your letter of April 18, 2003.

If you should have any further questions, please contact me at 985-624-6699.

Thank you,

  
Paula Townson  
Administration



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 18, 2003

PAULA TOWNSON  
FARA  
2360 FIFTH STREET  
MANDEVILLE, LA 70471

SUBJECT: FARA BENEFIT SERVICES, INC.  
Ref. Number: W03000011184

We have received your document for FARA BENEFIT SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 603A00023470

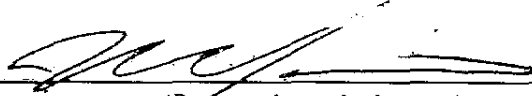
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. FARA 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. Louisiana 3. 72-1388354  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/21/97 5. Perpetual  
(Date of incorporation) (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. 2360 5th Street Mandeville, LA 70471  
(Principal office address)
- 2360 5th Street Mandeville, LA 70471  
(Current mailing address)
8. Insurance Claims Service  
(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: CT Corporation System
- Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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) **Michael E. Jones**  
**Assistant Secretary**

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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STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached listing

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: See attached listing

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. M. Todd Richard, President

(Typed or printed name and capacity of person signing application)

FILED  
03 MAY -2 AM 10:52  
ALLAHABAD, FLORIDA

**FARA.**

**FARA Benefit Services, Inc.**  
2360 Fifth Street  
Mandeville, LA 70471  
(985) 624-8383 \* (800) 259-8388  
FAX: (985) 624-8489 \* www.fara.com

## Board of Directors

Reed A. Bell  
2360 5<sup>th</sup> St.  
Mandeville, LA 70471  
(985) 624-8383

Louis R. DuBuc  
2360 5<sup>th</sup> Street  
Mandeville, LA 70471  
(985) 624-8383

Leon A. Golemi  
2360 5<sup>th</sup> St.  
Mandeville, LA 70471  
(985) 624-8383

Nena Y. Mullen  
4500 Clearview Pkwy  
Metairie, LA 70006  
(504) 888-9068

M. Todd Richard  
2360 Fifth Ave.  
Mandeville, LA 70471  
(985) 624-8383

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### CORPORATE OFFICERS

M. Todd Richard, President  
Nena Y. Mullen, Vice President  
Leon A. Golemi, Vice President  
Reed A. Bell, Secretary  
Louis R. DuBuc, Treasurer

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### STOCKHOLDERS

### % OF OWNERSHIP

F. A. Richard & Associates, Inc.	80.00
Leon A. Golemi	20.00

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TALLAHASSEE, FLORIDA

*F. A. Richard & Associates, Inc.*

Atlanta \* Baton Rouge \* Boca Raton \* Brownsville \* Charleston \* Corpus Christi \* Gloucester City \* Houma \* Houston \* Lafayette Long Beach \* Mandeville \*  
Miami \* Mobile \* Nashville \* New Orleans \* New York \* Norfolk \* Pascagoula \* Shreveport

UNITED STATES OF AMERICA  
**State of Louisiana**

**Jox McKeithen**

**SECRETARY OF STATE**

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
**FARA BENEFIT SERVICES, INC.**

A LOUISIANA corporation domiciled at MANDEVILLE,

Filed charter and qualified to do business in this State on  
April 21, 1997,

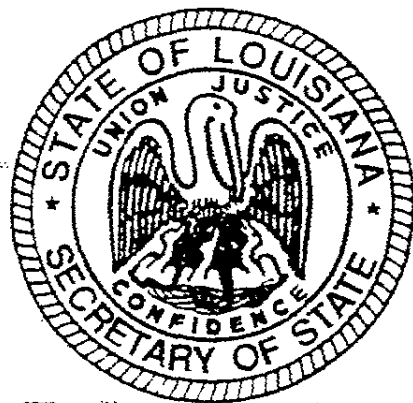
I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

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,*  
April 28, 2003

*Jox McKeithen*  
ABA 34558105D

*Secretary of State*



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