

F03 00000 6402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

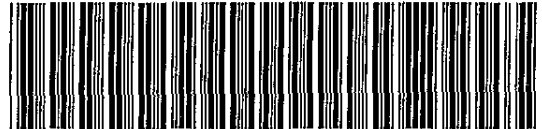
Special Instructions to Filing Officer:

789, 734 494, 647, 671

\$1150.00

Office Use Only

1003-22494



400021699654

08/05/03--01019--004 **87.50

12/26/03--01022--019 **1150.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 DEC 26 AM 8:47

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 8, 2003

NANCY M. TURNER
2026 EVEN TIDE DRIVE
MILTON, FL 32583

SUBJECT: INSURANCE BENEFIT CONSULTANTS, INC.
Ref. Number: W03000022494

03 DEC 26 AM 8:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INSURANCE BENEFIT CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 303A00045457

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSURANCE BENEFIT CONSULTANTS, 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:

NANCY M. TURNER
(Name of Person)
INSURANCE BENEFIT CONSULTANTS, INC.
(Firm/Company)
2026 EVEN TIDE DRIVE
(Address)
MILTON, FLORIDA 32583
(City/State and Zip code)

For further information concerning this matter, please call:

NANCY M. TURNER at (850) 583-0159
(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

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

FILED
03 DEC 26 AM 8:47
TALLAHASSEE, FLORIDA

DENNISON AND ASSOCIATES, P. A.

CERTIFIED PUBLIC ACCOUNTANTS

MADISON PARK TOWN OFFICES
4300 BAYOU BOULEVARD, SUITE 21
PENSACOLA, FLORIDA 32503-2681
(850) 478-7466
FAX # (850) 478-3919

FAYETTE DENNISON, C.P.A.
DEAN F. DENNISON, C.P.A.

MEMBER
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

December 16, 2003

Marsha Thomas, Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Insurance Benefit Consultants, Inc.
Your Ref. Number W03000022494
Letter Number: 303A00045457

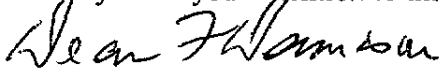
Dear Ms. Thomas:

I am resubmitting the Application by Foreign Corporation for Authorization to Transact Business in Florida.

I was not aware until just yesterday that the appropriate actions had been taken to bring the above referenced corporation into full compliance with laws of the State of Georgia. Corporate officials did not realize that they needed to maintain the corporation's active status in the state where registered even though the office was moved to Florida. Filing fees were brought up to date. A Certificate of Existence received this morning is enclosed.

Please reconsider the application and forward the appropriate documents of approval to Nancy M. Turner, President, of the company at her address, the current address for the corporate office now located in Florida, 2026 Even Tide Drive, Milton, FL 32583. With this application is the check issued August 24, 2003, to pay applicable fees.

Thank you for your attention to this matter.


Dean F. Dennison, C.P.A.

cc: Nancy M. Turner, President
Insurance Benefit Consultants, Inc.

FILED
03 DEC 26 AM 11:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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. Insurance Benefit Consultants, 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. Georgia 3. 58-1614603
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/19/1985 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Effective January 2002
(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. 2026 Eventide Drive, Milton, FL 32583
(Principal office address)

SAME
(Current mailing address)

8. General Business Purposes - Employee Benefit + Insurance Consulting
(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: Nancy M. Turner

Office Address: 2026 Eventide Drive

Milton, Florida 32583
(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.

Nancy M. Turner
(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.

03 DEC 26 AM 8:47
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: Nancy M. TurnerAddress: 2026 Even Tide Drive
Milton, FL 32583

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nancy M. TurnerAddress: 2026 Even Tide Drive
Milton, FL 32583

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. Nancy M. Turner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Nancy M. Turner, Chairman & President
(Typed or printed name and capacity of person signing application)FILED
03 DEC 26 AM 8:47
ST. LUCIE COUNTY
TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 033500390
CONTROL NUMBER : J506206
DATE INC/AUTH/FILED: 04/19/1985
JURISDICTION : GEORGIA
PRINT DATE : 12/16/2003
FORM NUMBER : 211

DENNISON AND ASSOCIATES PA
DEAN F. DENNISON C.P.A.
4300 BAYOU BLVD STE 21
PENSACOLA, FL 32503

CERTIFICATE OF EXISTENCE

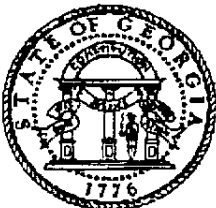
I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

INSURANCE BENEFIT CONSULTANTS, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State