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00855-00647-02963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 1

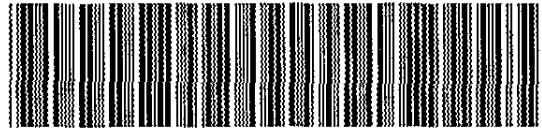
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10/11/12

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEXBEN CORPORATION
(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:

ROBIN L. BRUGMAN
(Name of Person)
FLEXBEN CORPORATION
(Firm/Company)
10404 N. BAHR ROAD
(Address)
MEDUON, WI 53092
(City/State and Zip code)

For further information concerning this matter, please call:

ROBIN L. BRUGMAN at (262) 236-1037
(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

**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. FLEXBEN CORP
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WISCONSIN 3. 39-1645314
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-6-84 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10404 N. BAHR ROAD, MEQUON, WI 53092
(Principal office address)

Same
(Current mailing address)

8. DOING BUSINESS AS THIRD PARTY ADMINISTRATOR OF FLEXIBLE SAVING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) ACCOUNTS.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: x Rebecca J. Smith

Office Address: x One San Jose Place, Suite 8
x Jacksonville, Florida 32257
(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.

x Rebecca J. Smith
(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 business addresses of officers and/or directors:

A. DIRECTORS

CEO/
Chairman: DENNIS A. CHRISTIANSEN

Address: 10404 N BAEHR ROAD
MEQUON, WI 53092

DIRECTOR
Vice Chairman: KENT SMITH

Address: 10404 N. BAEHR ROAD
MEQUON, WI 53092

Director: JAMES MARSHALL

Address: 10404 N. BAEHR ROAD
MEQUON, WI 53092

Director: DAVID L. DONIHUE

Address: 115 S. 84TH ST.
MILW, WI 53214

DAVID LEONHARDT

1693 TWIN LAKES CR
GREEN BAY, WI 54311

B. OFFICERS

President: KENT SMITH

Address: SAME AS ABOVE

Vice President: DENNIS A. CHRISTIANSEN

Address: SAME AS ABOVE

Secretary: JAMES MARSHALL

Address: SAME AS ABOVE

Treasurer: DAVID L. DONIHUE

Address: SAME AS ABOVE

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

13. Kent Smith President
(Signature of Director or Officer listed in number 12 of the application)

14. KENT SMITH PRESIDENT
(Typed or printed name and capacity of person signing application)

DOM
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

FLEXBEN CORP.

is a domestic corporation organized under the laws of this state and that its date of incorporation is FEBRUARY 6, 1984.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on April 29, 2004.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read "Patricia Weber".