

FD4000004644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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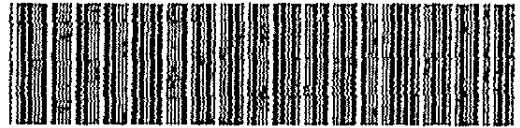
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/04--01027--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 12 PM 2:14

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FD400044
OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 26, 2004

T.N. MURPHY, JR.
980 N. FEDERAL HIGHWAY, SUITE 410
BOCA RATON, FL 33432

SUBJECT: INSURANCE SOLUTIONS GROUP, INC.
Ref. Number: W04000028471

We have received your document for INSURANCE SOLUTIONS GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 804A00046875

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurance Solutions Group, 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:

T.N. Murphy, Jr.
(Name of Person)

Dickenson, Murphy, Rex & Sloan
(Firm/Company)

980 N. Federal Highway, Suite 410
(Address)

Boca Raton, FL 33432
(City/State and Zip code)

For further information concerning this matter, please call:

T.N. Murphy, Jr. at (561) 391-1900
(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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|--|---|

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Insurance Solutions Corp. OR Keystone Benefits, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 30-9007043
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 9, 2001 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. 23123 SR 7, Suite 255, Boca Raton, FL 33428
(Principal office address)

11279 Perry Highway, Suite 507, Wexford, PA 15090
(Current mailing address)
8. Health Insurance sales
(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 NOT acceptable)
Name: T.N. Murphy, Jr.
Office Address: 980 N. Federal Highway, Suite 410
Boca Raton, Florida 33432
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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

Chairman: Carl W. Smollinger, Jr.

Address: 11279 Perry Highway, Suite 507
Wexford, PA 15090

Vice Chairman: _____

Address: _____

Director: Carl W. Smollinger, Jr.

Address: 11279 Perry Highway, Suite 507
Wexford, PA 15090

Director: _____

Address: _____

B. OFFICERS

President: Carl W. Smollinger, Jr.

Address: 11279 Perry Highway, Suite 507
Wexford, PA 15090

Vice President: _____

Address: _____

Secretary: Carl W. Smollinger, Jr.

Address: 11279 Perry Highway, Suite 507

Treasurer: Carl W. Smollinger, Jr., Wexford, PA 15090

Address: 11279 Perry Highway, Suite 507, Wexford, PA 15090

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

July 08, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INSURANCE SOLUTIONS GROUP, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Perkins A. Cortis
Secretary of the Commonwealth

Secretary of the Commonwealth