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SECRETARY OF STATE

TRANSMITTAL LETTER

	istration Section significant significant statements and sections significant			
SUBJECT	TurnKey Benefits, Inc.			
	(Name of corporation - must include suffix)			
Dear Sir or !	Madam:			
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Business of Existence," and check are submitted to register the above referenced foreignness in Florida.			
Please return	all correspondence concerning this matter to the following:			
Kathy Evelo			·	
	(Name of Person)			
TurnKey Be	nefits, Inc.			
	(Firm/Company)			
8330 Allison	Pointe Trail	ZS S	20	
	(Address)			~~
Indianapolis	. IN 46250	E I	837 837	*******
	(City/State and Zip code)		<u>ω</u>	1
		L.C.	U	
For further i	nformation concerning this matter, please call:	CH I	ψ.	
	and the state of t	nature States		
Kathy Evelo	at (317) 284-7100 Ext. 6408	<u>-</u> ,	_	
	me of Person) (Area Code & Daytime Telephone Number	er)		
CTI	PET ADDDECS. MAILING ADDECS.			
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations				
409 E. Gaines St. P.O. Box 6327				
Tail	ahassee, FL 32399 Tallahassee, FL 32314			
Enclosed is	a check for the following amount:			
□ \$70.00 Fi	Certificate of Status Certified Copy Certi	0 Filing Fificate of infection of the contract	Status a	&

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.	TurnKey Benef	its, Inc.				
		orporation; must include "INCORPORATED," "CO orp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"			
	(If name unavails	able in Florida, enter alternate corporate name adopte	d for the purpose of transacting bu	siness ir	ı Florid	<u> </u>
2.	Indiana	3, 35-19	05259			
	(State or country	under the law of which it is incorporated)	(FEI number, if applicab	le)		
4,	10/26/1993	5. perpe	etual			
	(Date	of incorporation) (Dura	ntion: Year corp. will cease to exis	t or "per	rpetual'	")
6.	n/a	ı				
		(Date first transacted business in Floric (SEE SECTIONS 607.1501 & 607.1502, F.S.				·-·-
7.	8330 Allison Poi	inte Trail, Indianapolis, IN 46250				
	,	(Principal office address)		≱ ഗ	~	
	8330 Allison Poi	inte Trail, Indianapolis, IN 46250			2005	- Contract
		(Current mailing address)			FEB	3 j
8.	Insurance Sales	3		ARY (3 23	3
	(Purpose(s)) of corporation authorized in home state or country t	o be carried out in state of Florida)	- 171 - 170	Ū	***
9.	Name and stree	t address of Florida registered agent: (P.O. Box			ىب 	Colifornia
	Name:	Corporation Service Company		أست	二	
O	Mice Address:	1201 Hays Street				
		Tallahassee	Florida 32301			
		(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)

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: Larry R. Dust	
Address: 8330 Allison Pointe Trail	
Indianapolis, IN 46250	
Vice Chairman: n/a	
Address:	·
Director: Larry R. Dust	
Address: 8330 Allison Pointe Trail	
Indianapolis, IN 46250	
Director:	
Address:	
B. OFFICERS	,
President: Shelley L. Stromple	ZIIOS SEC
Address: 534 Rivercrossing Drive	
Fort Mill, SC 29715	SSE 23
Vice President: n/a	
Address:	SRIC &
	<u>.</u>
Secretary: Wallace T. Gray	
Address: 8330 Allison Pointe Trail, Indianapolis, IN 46250	
reasurer: Bradley P. Ray	
Address: 8330 Allison Pointe Trail, Indianapolis, IN 46250	
NOTE: If necessary, you may attach an addendum to the application listing additional 3	
3. (Signature of Director or Officer listed in number 12 of the applied	cation)
4. Wallace T. Gray, Secretary	
(Typed or printed name and capacity of person signing applicat	tion)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

TURNKEY BENEFITS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 26, 1993, and was in existence or authorized to transact business in the State of Indiana on February 09, 2005.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of February, 2005.

TODD ROKITA, Secretary of State

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