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SECRETARY OF STATEA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW [MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status_ Special Instructions to Filing Officer: AL

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TRANSMITTAL LETTER

2005 MAR -7 P 2: 00

Certified Copy

TO: Registration Section Division of Corporations	SECRETARY DE STATALLAMASSEE, FLOR
SUBJECT:	seine Benefits. Inc.
	ne of corporation - must include suffix)
Dear Sir or Madam:	
	Corporation for Authorization to Transact Business in Florida," e submitted to register the above referenced foreign corporation to
Please return all correspondence concer	ning this matter to the following:
Donald L.	Cameron III
	(Name of Person)
Prime	Benefite, Inc. (Firm/Company)
	(Firm/Company)
20 <i>F</i> C	Bee Caves Road, Suite 210
^	(Address)
Auct	m. Toxas 78746
	(City/State and Zip code)
For further information concerning this	matter, please call:
Donald L. Cameron, III	at (512) 610-2000 ext.01
(Name of Person)	(Area Code & Daytime Telephone Number)
	MANUAL ADDRESS.
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following an	nount:
\$70.00 Filing Fee	ng Fee & S78.75 Filing Fee & S87.50 Filing Fee,

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

COMPLIANCE WITH SECTION 607.1503, GISTER A FOREIGN CORPORATION TO :	FLORIDA STA TRANSACT BU	TUTES, THE FOLLOWING IS SUB ISINESS IN THE STATE OF FLORI	MITTED TO DASSS MAR -7 F
Prime Denefits,	Τ.		SZCRETARY OF
(Enter name of corporation; must include "INCO "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	PRPORATED,"	"COMPANY," "CORPORATION,"	TÄLIÄÄÄÄSÜEE, F
(If name unavailable in Florida, enter alternate co	orporate name ac	lopted for the purpose of transacting bus	iness in Florida)
Texas		32-004938	
(State or country under the law of which it is inco	orporated)	(FEI number, if applicable	c)
	5	Perpetual	
(Date of incorporation) N / A	(Duration: Year corp. will cease to exist	or "perpetual")
(Date first transac		Florida, if prior to registration) 2, F.S., to determine penalty liability)	
2705 Bee Caves T	RA. Suipal office addre	ite 210 Austin Tex	as 78746
2705 Bee Caves P	`	200 Austin, Tou	25 78746
Thsurance Droker (Purpose(s) of corporation authorized in ho	ome state or cour	atry to be carried out in state of Florida)	
Name and street address of Florida registered Mikel W. De Name: The Princess C	xter .		
ffice Address: 6415 Thomas I	Prive		
Panama City (City)	Beach	, Florida 32408	
(City)		(Zip code)	
). Registered agent's acceptance: aving been named as registered agent and to esignated in this application, I hereby accept orther agree to comply with the provisions of ad I am familiar with and accept the obligation	the appointme all statutes rel	nt as registered agent and agree to a ative to the proper and complete per	act in this capacity.
Milde Registered ager	1)	<u>k</u>	

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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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

a. Directors	FILED
Chairman:	
Address:	2905 MAR - 7 ₱ 2: 0.0
	SECRETARY OF STATE.
rice Chairman:	TALLAHASSEF, ELUKIDA
Address:	·
Director:	
ddress:	
Director:	
ddress:	
3. OFFICERS	
recident: Tack (1) Tauce T	
2705 Box Course	load, Site 210
^	1
	8746
	on, III
A	ioal, Suite 210
Austin , Texas	78746
ecretary:	
ddress:	
reasurer:	
ddress:	
IOTE - If necessary you may attach an addendur	n to the application listing additional officers and/or directors.
D 00 0	n to the application fishing additional officers alterof directors.
3. (Signature of Director or Of	ficer listed in number 12 of the application)
7 10	- Vice President
	and capacity of person signing application)

FLORIDA DEPARTMENT OF INSURANCE JEFFREY MATTHEW JONES License Winner E064293 Conservations of the Conservations of

NON-RESIDENT LICENSE ACTOR CENTRAL SERVICES OF RECEIVE A THREADY TO THE LEADERS OF HISTER SERVICES OF THE CONTRACT OF ACTOR OF THE CONTRACT OF THE CONTRACT

Corporations Section P.O.Box 13697 Austin; Texas 78711-3697



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Prime Benefits, Inc. (filing number: 800156269), a Domestic Business Corporation, was filed in this office on December 23, 2002.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 18, 2005.



Roger Williams Secretary of State

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