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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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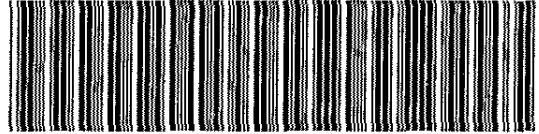
Certificates of Status \_\_\_\_\_

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M. HODGES

06/16/05 15:07:40

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Preferred Benefits Administrators 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:

KAREN NOWLAN

(Name of Person)

(Firm/Company)

7313 S. Sherrill St

(Address)

Tampa FL 33616

(City/State and Zip code)

For further information concerning this matter, please call:

Karen Nowlan

(Name of Person)

at (813) 839 5825

(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. Preferred Benefits Administrator, INC.  
(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. KANSAS 3. 06-1665698  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-3-2002 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 8535 E 21st Street N Wichita KS 67206  
(Principal office address)

same as above  
(Current mailing address)

8. third party Administrator  
(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: Capitol Corporate Services, Inc.

Office Address: 1333 North Duval St.

Tallahassee, Florida 32303  
(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.*

Dellanie Case, asst. sec.  
(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: John Vinton Lentell

Address: 105 N. Main

Wichita KS 67202

Vice Chairman: Patricia Louise Erick

Address: 3595 N. Webb Rd.

Wichita KS 67226

Director: Kevin Patrick Conlin

Address: 3720 E. Bayley

Wichita KS 67218

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Marlon Royce Dauner

Address: 8535 E 21st Street North

Wichita KS 67206

<sup>CFO</sup>  
Vice President: TODD Renea Kasitz

Address: 8535 E 21st Street North

Wichita KS 67206

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Bradley Jay Clothier

Address: 8535 E 21st Street North Wichita KS 67206

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

13. Marlon R. Dauner  
(Signature of Director or Officer listed in number 12 of the application)

14. Marlon R. Dauner  
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
RON THORNBURGH**

*To all to whom these presents shall come, Greetings:*

I, RON THORNBURGH, Secretary of State of the state of Kansas,  
do hereby certify that, according to the records of this office,

**PREFERRED BENEFITS ADMINISTRATOR, INC.**

**KANSAS FOR PROFIT CORPORATION**

Business Entity ID Number: 3398450

was filed in this office on December 03, 2002 and has complied with the  
applicable provisions of the laws of the State of Kansas and on this date is in  
good standing and authorized to transact business or to conduct its affairs  
within this state.

Dated: 06/12/2005

**For Validation:**

Certificate ID: **32276**

To validate this certificate, visit the following  
web site, enter this certificate ID, then follow  
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

*Ron Thornburgh*

RON THORNBURGH  
SECRETARY OF STATE