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Division of Corporations
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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

BENEFIT CONSULTANTS GROUP, INC.

Certificate of Status	1
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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. BENEFIT CONSULTANTS GROUP, INC.

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

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

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. 23-2383285

(FEI number, if applicable)

4. 11/25/1985

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification.

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

7. 600 Delran Parkway, Suite B, Delran, NJ 08075

(Principal office address)

P.O. Box 405, Riverton, NJ 08077-0405

(Current mailing address)

8. Retirement plan sales.

(Purpose(s) of incorporation 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: **W. Bradley Munroe, Esquire**

Office Address: **239 E. Virginia 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.

W. B. Munroe
(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:

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A. DIRECTORS

Chairman: Robert Paglione

Address: 600 Delran Parkway, Suite B, Delran, NJ 08075

Vice Chairman: _____

Address: _____

Director: Carol Paglione

Address: 600 Delran Parkway, Suite B, Delran, NJ 08075

Director: _____

Address: _____

B. OFFICERS

President: Robert Paglione

Address: 600 Delran Parkway, Suite B, Delran, NJ 08075

Vice President: _____

Address: _____

Secretary: Carol Paglione

Address: 600 Delran Parkway, Suite B, Delran, NJ 08075

Treasurer: Carol Paglione

Address: 600 Delran Parkway, Suite B, Delran, NJ 08075

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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. Robert Paglione, President

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

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

December 12, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BENEFIT CONSULTANTS 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.

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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.

Deborah C. Cantor

Secretary of the Commonwealth

dpcos

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