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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

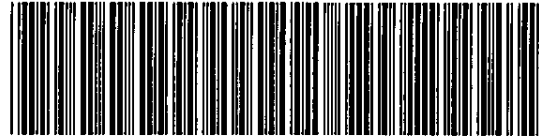
(Business Entity Name)

(Document Number)

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07 JAN 16 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Am 1/16/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MWG Benefits, 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:

Carlton Hines

(Name of Person)

MWG Benefits, Inc.

(Firm/Company)

P.O. Box 14067

(Address)

Jackson, MS 39236

(City/State and Zip code)

For further information concerning this matter, please call:

Carlton Hines

(Name of Person)

at (601) 956-2028 Ext 142

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



January 11, 2007

Ms Becky McKnight
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: MWG Benefits, Inc.

Dear Ms McKnight:

Enclosed is the Acceptance of Appointment as registered agent signed by a representative of CT Corporation System. This should complete our application to be registered in the state of Florida.

Your help is greatly appreciated and if you need further information please contact me at 601-956-2028.

Sincerely,

A handwritten signature in cursive script that reads 'Carlton Hines'.

Carlton Hines
Accounting Department



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2006

CARLTON HINES
PO BOX 14067
JACKSON, MS 39236

SUBJECT: MWG BENEFITS, INC.
Ref. Number: W06000047651

We have received your document for MWG BENEFITS, 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 registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 906A00064367

**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. **MWG Benefits, 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. **Mississippi**

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

3. **20-2086686**

(FEI number, if applicable)

4. **12-28-04**

(Date of incorporation)

5. **2103**

(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. **407 Briarwood Dr. Ste 201 Jackson, MS 39206**

(Principal office address)

P.O. Box 14067 Jackson, MS 39236

(Current mailing address)

8. **Insurance Agency**

(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: **CT Corporation System**

Office Address: **1200 S.Pine Island Road**

Plantation, , Florida **33324**

(City)

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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.

ACCEPTANCE OF APPOINTMENT

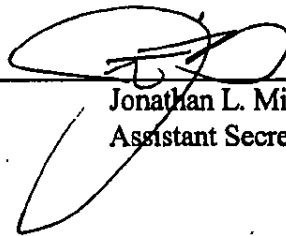
RE: MWG Benefits, Inc. (Mississippi Domestic)

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: January 10, 2007

C T CORPORATION SYSTEM

By



Jonathan L. Miles,
Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 16 AM 7:23

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

A. DIRECTORS

Chairman: David R. White

Address: 407 Briarwood Dr. Ste 201
Jackson, MS 39206

Vice Chairman: John J. Morgan

Address: 407 Briarwood Dr. Ste 201
Jackson, MS 39206

Director: Richard L. Eaton

Address: 407 Briarwood Dr. Ste 201
Jackson, MS 39206

Director: _____

Address: _____

B. OFFICERS

President: David R. White

Address: 407 Briarwood Dr. Ste 201
Jackson, MS 39206

Vice President: John J. Morgan

Address: 407 Briarwood Dr. Ste 201
Jackson, MS 39206

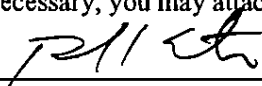
Secretary: Richard L. Eaton

Address: 407 Briarwood Dr. Ste 201 Jackson, MS 39206

Treasurer: Richard L. Eaton

Address: 407 Briarwood Dr. Ste 201 Jackson, MS 392006

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. Richard L. Eaton, Secretary

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

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 28, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

MWG BENEFITS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
October 18, 2006

Eric Clark

ERIC CLARK
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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