

F0700000 4722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

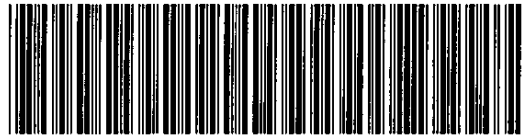
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2001 SEP 21 P 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE SEP 24 2007

CRS Licensing, LLC

Licensing. It's what we do.



370 S. Lowe Ave, Suite A, PMB 386

Cookeville, TN 38501

Phone: (931) 537-2696

Fax: (931) 537-9918

E-mail: mlittlej@charter.net

September 18, 2007

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application for Certificate of Authority for a Foreign Corporation
Allied Benefit Systems, Inc.

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by Allied Benefit Systems, Inc., requesting a Certificate of Authority to transact business in Florida. The following documents are enclosed with the application:

- Check in the amount of \$87.50
- Certificate of Existence from Illinois
- One original and one copy of the application

Allied Benefit Systems, Inc., hereby authorizes CRS Licensing, LLC, to represent them with regard to the enclosed application and to correspond directly with your department on our behalf for approval of the application.

Please direct any correspondence regarding the enclosed application to me at the address above.

Thank you in advance for your consideration of this application.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Littlejohn-Garber".

Mary Littlejohn-Garber

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Benefit Systems, 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:

Mary Littlejohn-Garber
(Name of Person)

CRS Licensing, LLC
(Firm/Company)

370 S. Lowe Ave., Suite A, PMB 386
(Address)

Cookeville, TN 38501
(City/State and Zip code)

For further information concerning this matter, please call:

Mary Littlejohn-Garber at (931) 537-2696
(Name of Person) (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 FOR
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Allied Benefit Systems, 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. Illinois 3. 36-3086057
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/11/80 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 208 S. LaSalle Street, Suite 1300, Chicago, IL 60604
(Principal office address)

208 S. LaSalle Street, Suite 1300, Chicago, IL 60604
(Current mailing address)

8. The transaction of all lawful business permitted under the laws of Florida.
(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 or Mail Drop Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Suite 4

Weston, Florida 33331
(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.

NRAI Services, Inc.

Lisa Reeves, Assistant Secretary

Lisa Reeves 9/12/07
(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: Mitchell Wilneff

Address: 208 S. LaSalle St., Suite 1300

Chicago, IL 60604

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mitchell Wilneff

Address: 208 S. LaSalle St., Suite 1300

Chicago, IL 60604

Vice President: See attachment for Vice Presidents and additional officers

Address: _____

Secretary: Mitchell Wilneff

Address: 208 S. LaSalle St., Suite 1300, Chicago, IL 60604

Treasurer: _____

Address: _____

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. Mitchell Wilneff, President & Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLIED BENEFIT SYSTEMS, INC.

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OFFICER LIST

CONTINUED FROM APPLICATION – Page 3 (B)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Laurence Wilneff, CEO
Bus Address: 208 S. LaSalle St., Suite 1300
Chicago, IL 60604

Patrick R. Gabrione, COO
Bus Address: 208 S. LaSalle St., Suite 1300
Chicago, IL 60604

Rob L. Valerious, Executive Vice President
Bus Address: 208 S. LaSalle St., Suite 1300
Chicago, IL 60604

Ben D. Schenker, Executive Vice President
Bus Address: 208 S. LaSalle St., Suite 1300
Chicago, IL 60604

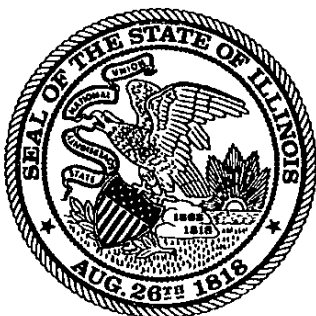
File Number 5210-737-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ALLIED BENEFIT SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 11, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0722101656

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of AUGUST A.D. 2007 .*

Jesse White

SECRETARY OF STATE