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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C-8.5-14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FRINGE INSURANCE 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:

DAVID FRIEDRICHs , CONTROLLER

(Name of Person)

FRINGE INSURANCE BENEFITS , INC.

(Firm/Company)

11910 VOLENTE ROAD

(Address)

AUSTIN , TEXAS 78726

(City/State and Zip code)

For further information concerning this matter, please call:

DAVID FRIEDRICHs

(Name of Person)

at (512) 233-1814

(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

**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.

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TALLAHASSEE, FLORIDA

1. FRINGE INSURANCE BENEFITS, INC.

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

FRINGE INSURANCE AGENCY BENEFITS, INC.

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

2. TEXAS

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

3. 74-2616364

(FEI number, if applicable)

4. 11/11/1991

(Date of incorporation)

5. PERPETUAL

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

6. DATE OF REGISTRATION

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

7. 11910 VOLENTE ROAD, AUSTIN, TEXAS 78726

(Principal office address)

11910 VOLENTE ROAD, AUSTIN, TEXAS 78726

(Current mailing address)

8. TO ENGAGE IN THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

A CORPORATION MAY BE INCORPORATED UNDER THE LAWS OF FLORIDA

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John D. Hatch, Esq.

Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs

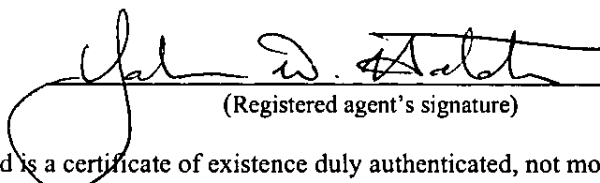
(City)

, Florida 34688

(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.


(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: TRAVIS IAN WEST

Address: 11910 VOLENTE ROAD
AUSTIN, TX 78726

Vice Chairman: NONE

Address: _____

Director: TRAVIS IAN WEST

Address: 11910 VOLENTE ROAD
AUSTIN, TX 78726

Director: —

Address: _____

B. OFFICERS

President: CHARLES RAY SMITH

Address: 11910 VOLENTE ROAD
AUSTIN, TX 78726

Vice President: TERE L. MCCANN

Address: 11910 VOLENTE ROAD
AUSTIN, TX 78726

Secretary: TERE L. MCCANN

Address: 11910 VOLENTE ROAD, AUSTIN, TX 78726

Treasurer: TERE L. MCCANN

Address: 11910 VOLENTE ROAD, AUSTIN, TX 78726

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. TERE L. MCCANN SECRETARY / TREASURER

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

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



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for FRINGE INSURANCE BENEFITS, INC. (file number 120553400), a Domestic For-Profit Corporation, was filed in this office on September 11, 1991.

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

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 May 01, 2008.



A handwritten signature in cursive script, reading "Phil Wilson".

Phil Wilson
Secretary of State