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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

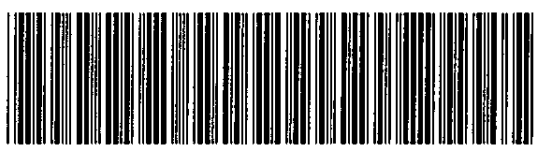
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 3 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fringe Benefit 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:

Julie A. Bingham
(Name of Person)

Fringe Benefit Administrators, Inc
(Firm/Company)

6500 Poe Avenue, Suite 407
(Address)

Dayton, OH 45414
(City/State and Zip code)

For further information concerning this matter, please call:

Denise Anderson at (937) 853-0543
(Name of Person) (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.

1. Fringe Benefit Administrators, Inc.

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

FBA, Fringe Benefit Administrators, Inc.

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

2. Ohio, Montgomery County 3. 34-1604691

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

(FBI number, if applicable)

4. 12/27/1988

(Date of incorporation)

5. Perpetual

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

6. _____

(Date first transacted business in Florida; if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6500 Poe Avenue, Suite 407 Dayton, OH 45414

(Principal office address)

6500 Poe Avenue, Suite 407 Dayton, OH 45414

(Current mailing address)

8. To sell Property + Casualty + Life + Health Insurance

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Judith Harbaugh
(Registered agent's signature)

Judith Harbaugh, Assistant VP

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

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

A. DIRECTORS

Chairman: Julie A. Bingham

Address: 6500 Poe Ave., Ste. 407
Dayton, OH 45414

Vice Chairman: Charles C. Painter

Address: 6500 Poe Ave., Ste 407
Dayton, OH 45414

Director: Robert Sacco

Address: 6500 Poe Ave, Ste 407
Dayton, OH 45414

Director: Nichole Sacco

Address: 6500 Poe Ave, Ste 407
Dayton, OH 45414

B. OFFICERS

President: Julie A. Bingham

Address: 6500 Poe Avenue, Suite 407
Dayton, OH 45414

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. _____

Julie A. Bingham President/Principal

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

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FRINGE BENEFIT ADMINISTRATORS, INC., an Ohio Corporation, Charter No. 739553, having its principal location in Hinckley, County of Medina, was incorporated on December 27, 1988, and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 28th day of October, A.D. 2008.*

Jennifer Brunner
Ohio Secretary of State