

F09000000175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W08000056064

EP 1/15/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2008

LILIANE KATZ  
GROUP BENEFIT SERVICES, INC.  
6 NORTH PARK DRIVE, SUITE 310  
HUNT VALLEY, MD 21030

SUBJECT: GROUP BENEFIT SERVICES, INC.  
Ref. Number: W08000056064

We have received your document for GROUP BENEFIT SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Photocopy of the registered agent signature is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 108A00060916

*Please see attached original*

*Liliane Katz*

*12/31/08*

**Liliane Katz**

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**From:** Barrett, Markita [markita.briscoe@wolterskluwer.com]  
**Sent:** Wednesday, December 31, 2008 9:46 AM  
**To:** Liliane Katz  
**Subject:** Group Benefit Services, Inc

Good Morning Liliane,

This note is to verify that the signature on the registered agent's acceptance line is an original signature. If there are any questions or if you need further clarification please call me.

*Markita Barrett*

**CT Corporation**

Customer Specialist

1209 Orange Street

Wilmington, De 19801

(P)800-716-0507

(F)302-658-2919

(Email)Markita.Barrett@Wolterskluwer.com

(Copy)Wilmingtonteam1@Wolterskluwer.com

**Find out where you stand.**

Get a custom CT Business License Compliance Package which details all the licenses and permits you need, and provides you with the tools and contacts to maintain your compliance. Contact us today for more information.

12/31/2008

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Group Benefit Services, 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:

Lillane Katz  
(Name of Person)

Group Benefit Services, Inc  
(Firm/Company)

6 North park Drive, Suite 310  
(Address)

Hunt Valley, MD 21030  
(City/State and Zip code)

For further information concerning this matter, please call:

Lillane Katz at ( 410 ) 832.5165  
(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. Group Benefit Services, 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. Maryland**

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

**3. 52-1200892**

(FEI number, if applicable)

**4. 6/5/1980**

(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. 6 North Park Drive, Suite 310, Hunt Valley, MD 21030**

(Principal office address)

(Current mailing address)

**8. Third party Administrator**

(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 South Pine Island Road**

**Plantation, FL**

(City)

**Florida 33324**

(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.*

*Anthony A. Wilkins, Asst. Secretary*  
(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.**

**FILED**  
09 JAN -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: William F. Simmons

Address: 6, North park Drive, Suite 310

Hunt valley, MD 21030

Vice President: Kathy F. Simmons

Address: 6, North park Drive, Suite 310

Hunt valley, MD 21030

Secretary: Kathy F. Simmons

Address: 6, North park Drive, Suite 310 Hunt valley, MD 21030

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kathy F. Simmons

(Signature of Director or Officer listed in number 12 of the application)

14. Kathy F. Simmons, CEO

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

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09 JAN -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT GROUP BENEFIT SERVICES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 13, 2008.



Paul B. Anderson  
Charter Division



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09 JAN -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097