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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u> :
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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<u>.</u>

Office Use Only



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2009 FEB 25, P 1: 34
SECRETARY OF STATE
AND AMASSEE, FLORID

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FEB 26 2009 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: A Plus 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:
Tiffany Jarrett / John Bartnolomew (Name of Person) A Plus Benefits Inc.
(Name of Person)
A Plus Benefits Inc.
(Firm/Company)
395 W. 600 N.
(Address)
Undon, Ut 84047 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
17ffany Jarrett at (80), 443-1361
(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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy 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. A DIVIC 12 0100 Ck Ti	
1. HYM Device 173, DW (Enter name of corporation; must include "TNCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
me, co, cop, me, co, or cop.)	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Utah 3. 87-0476353	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	,
4. <u>0-9-1990</u> 5. <u>Perpetual</u>	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	į
6. NA PS 营力	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 395 W. 1000 N. Undon, ut 84042 55 5 1	7
(Principal office address)	
395 W. 600 N. Lindon, Ut 84042 Es =	
(Current mailing address)	
8. Employee leasing company	
(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: BUSINESS FILINGS INWOPOVATED.	
Office Address: 1203 GOVERNORS Square Blvd, Suite 101	
Tallahassee , Florida 32301-2960	
(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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut and I am familiar with and accept the obligations of my position as registered agent.	i es
Brennath Righty asst Scrutary II	
Supineps Filengo Encorprated	
(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: FILED A. DIRECTORS Chairman: 2009 FEB 25 ₱ 1: 36 Address: _ SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: Address: Address: Director: __ Address: _ **B. OFFICERS** President: Address: Vice President: Address: Secretary: leasant Grove, lut Address: Treasurer: Amencan Fork Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Drice (Signature of Director or Officer listed in number 12 of the application) John Bartholomew CFO

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

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Utah Department of Commerce

. Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA 02/10/2009 1077413-014202102009-1179021

CERTIFICATE OF EXISTENCE

Registration Number:

1077413-0142

Business Name:

A-PLUS BENEFITS, INC.

Registered Date:

June 08, 1990

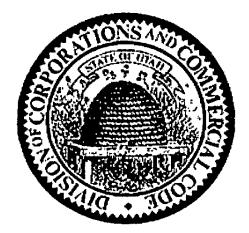
Entity Type:

Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code