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RE-SUBMIT

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FOREIGN PROFIT/NONPROFIT CORPORATION

Contemporary Benefits Design, Inc.

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March 24, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CONTEMPORARY BENIFITS DESIGN, INC.
REF: W09000013847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H09000067229
Letter Number: 409A00009936

**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. Contemporary Benefits Design, 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. North Carolina

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

3. 20-5201844

(FBI number, if applicable)

4. 07/12/2006

(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. 855 Sam Newell Road, Suite 206, Matthews, NC 28105

(Principal office address)

500 W. Madison Street, Suite 2400, Chicago, IL 60661

(Current mailing address)

8. Provide life, health and accident insurance, as well as service to groups + individuals in NC and some non-resident
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) *state*

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

(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.

CT Corporation System

By: 

(Registered agent's signature)

E.A. Wallace
Assistant Secretary

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.

2009 MAR 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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2009 MAR 23 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Director Brett Schneider

Address: 340 Madison Avenue, 19th Floor

New York, NY 10173

Director Harry A. Stokes

Address: 855 Sam Newell Rd, Suite 206

Matthews NC 28105

Director: Sharyn Stokes

Address: 855 Sam Newell Rd, Suite 206

Matthews NC 28105

Director: _____

Address: _____

B. OFFICERS

President: Harry A. Stokes

Address: 855 Sam Newell Rd, Suite 206

Matthews, NC 28105

Vice President: Lori M. Lieser

Address: 500 W. Madison Street, Suite 2400

Chicago, IL 60661

Secretary: Sharyn Stokes

Address: 855 Sam Newell Road, Suite 206, Matthews, NC 28105

Treasurer: Harry A. Stokes

Address: 855 Sam Newell Road, Suite 206, Matthews, NC 28105

* See attached sheet for additional officers

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. Harry A. Stokes, President

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

**ATTACHMENT TO "APPLICATION BY FOREIGN
CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINEES IN FLORIDA"**

Attached to and made a part of Question 12. B. OFFICERS:

Vice President: Malika S. Hinkson
340 Madison Avenue, 19th Floor
New York, NY 10173

Assistant Secretary: Lauren DeLouche
Capital of Texas
Hwy S Bldg 2, Suite 125
Austin, TX 78746

Assistant Secretary Veronica Moo
340 Madison Avenue, 19th Floor
New York, NY 10173:

FLORIDA DEPARTMENT of FINANCIAL SERVICES

CONTEMPORARY BENEFITS DESIGN, INC.

855 SAMUELSON ROAD, SUITE 206
MATTHEWS, NC 28105

Agency License Number: E0466004

License Number: 168368

Issued On: 03/04/2007

Pursuant To Section 626.382, Florida Statutes, This Agency's License Will

Expire On: 03/04/2010

Pursuant To Section 626.747, Florida Statutes, This Agency Shall Be In The Active Full-Time
Charge Of A Licensed General Agent Of Life Or Health Agent Who Is Appointed To

Represent One Or More Insurers

Pursuant To Section 626.172, Florida Statutes, Each Agency Shall Display The License Or

Registration Prominently In A Manner That Makes It Easily Visible To Any Customer Or Potential

Customer Who Enters The Agency

Alex Sink

Alex Sink
Chief Financial Officer
State of Florida



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CONTEMPORARY BENEFITS DESIGN, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of July, 2006, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of March, 2009.

Elaine F. Marshall

Secretary of State

