

F09000003827

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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Bob Lefebure GAVE

AUTHORIZATION BY PHONE TO

CORRECT add (company)

DATE 9/28/09

DOC. EXAM U/H



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09/08/09--01020--009 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 25 PM 2:01

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AND
FILED

V/H

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Total Benefit Management, 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:

Lisa Gereau

Name of Person

Total Benefit Management, Inc.

Firm/Company

1 Lawrence St. 2nd Floor

Address

Glens Falls, NY 12801

City/State and Zip code

Lisa@tbmpayroll.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert L. Lefebvre

Name of Person

at (518) 745-4162 x1001

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

LISA GEREEAU
1 LAWRENCE ST. 2ND FLOOR
GLENS FALLS, NY 12801

SUBJECT: TOTAL BENEFIT MANAGEMENT, INC.
Ref. Number: W09000040493

We have received your document for TOTAL BENEFIT MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 809A00029936

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. Total Benefit Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (TBM USA) Total Benefit Management USA Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 14-1759683
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-26-93 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTION 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1 Lawrence St 2nd Fl, Glens Falls, NY 12801
(Principal office address)
- Same
(Current mailing address)
8. Payroll Services
(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: NRAI Services, Inc.
Office Address: 2731 Executive Park Drive, Suite 4
Weston, Florida 33331
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

NRAI Services, Inc.

By: Matt Thompson

(Registered agent's signature)

Matt Thompson, 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.

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Lisa Gereau

Address: 228 Clendon Brook Rd

Queensbury, NY 12804

Director: Scott Lefebvre

Address: 73 Platt St.

Glens Falls NY 12801

B. OFFICERS

President: Robert L. Lefebvre

Address: 46 Fort Edward Rd, Ft. Edward NY 12828

Vice President: Todd Bush

Address: 20 Archer Dr. Clifton Park, NY 12065

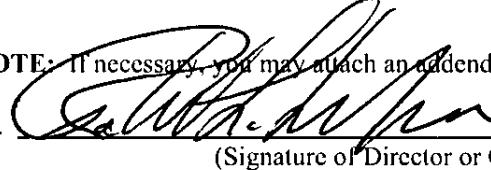
Secretary: Todd Bush

Address: same as VP

Treasurer: Robert Lefebvre

Address: same as President

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. Robert L. Lefebvre
(Typed or printed name and capacity of person signing application)

APPROVED
AND
FILED

State of New York
Department of State } ss:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of TOTAL BENEFIT MANAGEMENT, INC. was filed on 03/26/1993, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of August two
thousand and nine.*

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