

To: The Florida Dept. of State
Subject: 00321.117851

From: Smith

Friday, January 15, 2010 9:00 AM Page 1 of 1

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001321

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
FCE USA INSURANCE BENEFITS, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 15 PM 12:43

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10 JAN 15 AM 10:45

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**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. FCE USA Insurance Benefits, 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. California 3. 27-0718931
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/18/2009 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 SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 887 Mitten Rd. #200, Burlingame, CA 94010
(Principal office address)
- 887 Mitten Rd. #200, Burlingame, CA 94010
(Current mailing address)

8. Third Party Administrators
(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 Dr. # 4

Weston, Florida 33331
(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. 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.

Cheryl Conklin
(Registered agent's signature)

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

A. DIRECTORS

Chairman: Steve Porter

Address: 887 Mitten Road, Suite #200
Burlingame, CA 94010

Vice Chairman: Gary Beckman

Address: 887 Mitten Road, Suite #200
Burlingame, CA 94010

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steve Porter

Address: 887 Mitten Road, Suite #200
Burlingame, CA 94010

Vice President: Gary Beckman

Address: 887 Mitten Road, Suite #200
Burlingame, CA 94010

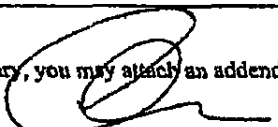
Secretary: Gary Beckman

Address: 887 Mitten Road, Suite #200

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. Steve Porter, CEO
(Typed or printed name and capacity of person signing application)

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FCE USA INSURANCE BENEFITS

FILE NUMBER: C3224504
FORMATION DATE: 08/18/2009
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 07, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State