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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

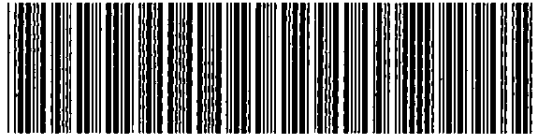
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2010 JAN 29 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh FEB 1 2010.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATIONAL BENEFIT BROKERS 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," or "Certificate of Good Standing" 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:

MICHAEL KAN

Name of Person

NATIONAL BENEFIT BROKERS INC

Firm/Company

129 BROKEN POTTERY DR

Address

PONTE VEDRA FLA 32082

City/State and Zip code

MKAN@NBBINC.COM

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

For further information concerning this matter, please call:

MICHAEL KAN

Name of Person

at 847-922-3770

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. NATIONAL BENEFIT BROKERS 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. ILLINOIS (State or country under the law of which it is incorporated) 3. 36-3733856 (FEI number, if applicable)

4. March 28, 1990 (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. 129 BROKEN POTTERY DR PONTE VEDRA, FL 32082 (Principal office address)

2001 TOWER DRIVE, , GLENVIEW, IL 60026 (Current mailing address)

8. Sales - Service Group & Individual Insurance Plans (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: MICHAEL KAN

Office Address: 129 BROKEN POTTERY DR

PONTE VEDRA, Florida 32082 (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.

[Handwritten signature] (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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: MICHAEL KAN

Address: 129 BROKEN POTTERY DR

PONTE VERDA, FLA 32082

Vice Chairman: _____

Address: _____

Director: MICHAEL KAN

Address: AS ABOVE

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL KAN

Address: 129 BROKEN POTTERY DR

PONTE VERDA FLA 32082

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL KAN CHAIRMAN OF THE BOARD AND PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

File Number 5589-936-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

NATIONAL BENEFIT BROKERS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JANUARY A.D. 2010 .

Jesse White

Authentication #: 1000603008

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE