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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Alliance Benefit Group Financial Service	es Corp
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Sue Van Vooren	
Name	e of Person
Alliance Benefit Group Financial Services Corp	
Firm/0	Company
201 E. Clark Street, P.O. Box 1206	
A STATE OF THE STA	Address Continent took to the continent of the general continent to the general continent of the
Albert Lea, MN 56007	r signed to From William Glades
City/Sta	ate and Zip code
svanvooren@abg-mn.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Sue Van Vooren	) 377-2919 X 131
	rea 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  Tallahassec, FL 32314
Enclosed is a check for the following amount:	The state of the s
\$70.00 Filing Fee Sectificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



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2010 JUL 22 PH 4: 36

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

SUE VAN VOOREN 201 E. CLARK STREET ALBERT LEA, MN 56007

SUBJECT: ALLIANCE BENEFIT GROUP FINANCIAL SERVICES CORP

Ref. Number: W10000028348

We have received your document for ALLIANCE BENEFIT GROUP FINANCIAL SERVICES CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 610A00015985

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10 JUL -9 AM II: 43

DIVISION OF CORPORATIONS



RECEIVED 10 JUN 28 AM 11:53 DIVISION OF CORPORATIONS

June 14, 2010

SUE VAN VOOREN 201 E. CLARK STREET ALBERT LEA, MN 56007

SUBJECT: ALLIANCE BENEFIT GROUP FINANCIAL SERVICES CORP

Ref. Number: W10000028348

We have received your document for ALLIANCE BENEFIT GROUP FINANCIAL SERVICES CORP 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 registered agent must sign accepting the designation. Corrected

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 110A00014657

#### 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.

		corporation; must include "INCORPORAT" corp," "Inc," "Co," or "Corp.")				
	ABG Financial	Services Corp				
	(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida)		
2.	Minnesota		3.	41-1471080		
(	Stale or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4	12/27/1983		ς.	perpetual		
••		of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
ĸ	1/1/2009					
••				r Florida, if prior to registration)	•	
		•	7.1:	502, F.S., to determine penalty liability)		
7. <u>2</u>	01 B. Clark Stre	et, Albert Lea, MN 56007				
	(Principal office address)					
		(Principal office	add	ress)	~	=
]	P.O. Box 1206, A	Albert Lea, MN 56007		·	2016	NATE OF STREET
<u>]</u>	P.O. Box 1206, /	•		·	2010 JL	A MOTOR
-		Albert Lea, MN 56007 (Current mailing		·	2010 JUL 2	AD MANAGED WAS AND ASSESSMENT OF THE PROPERTY
	Sales of Employ	(Current mailing	add	ress)	2010 JUL 22	A SYLANDASS
-	Sales of Employ	Albert Lea, MN 56007 (Current mailing	add	ress)		A LIVIANDES
8.	Sales of Employ	(Current mailing	add or co	ountry to be carried out in state of Florida)	2010 JUL 22 PH 1	SECRETAL ACTUAL SECTION OF A SECRETAL ACTUAL
8.	Sales of Employ	(Current mailing tee Benefit Plans ) of corporation authorized in home state of	add or co	ountry to be carried out in state of Florida)	PH f:	Train and to Austria
- 8. : 9. :	Sales of Employ (Purpose(s Name and <u>stree</u>	(Current mailing tee Benefit Plans ) of corporation authorized in home state of taddress of Florida registered agent: (	add or co	ountry to be carried out in state of Florida)		That say, A syladdas
- 8. ¦	Sales of Employ (Purpose(s Name and <u>stree</u> Name:	(Current mailing tee Benefit Plans ) of corporation authorized in home state of taddress of Florida registered agent: ( CT Corporation System	add or co	ountry to be carried out in state of Florida)	PH 4: 3	A COLOR OF A STANDARD

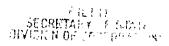
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jeanne Neison
Assistant Secretary (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.

PL019 - 03/24/2010 C 7 System Online

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



### A. DIRECTORS

Chairman: Alan B. Arends  Address: 1645 Massee Albert Lea, MN 56007  Vice Chairman: Address: Director: Address: Director: Address: Director: B. OFFICERS	
Albert Lea, MN 56007  Vice Chairman:  Address:  Director:  Address:  Director:  B. OFFICERS	
Address:  Director:  Address:  Director:  Address:  B. OFFICERS	
Address:  Director:  Address:  Director:  Address:  B. OFFICERS	
Director:  Address:  Director:  Address:  B. OFFICERS	
Address:  Director:  Address:  B. OFFICERS	
Director: Address: B. OFFICERS	
Director:  Address:  B. OFFICERS	
Address:	
B. OFFICERS	
3. OFFICERS	
resident: Bradley K. Arends	
.ddress: 217 South Lane	
Albert Lea, MN 56007	
ice President: Grant S. Arends	di di senser
Address: 13017 Pembroke	
Leawood, KS 66209	
ecretary: Tempest Arends	
ddress: 217 South Lanc, Albert Lea, MN 56007	
reasurer: Patricia L. Arends	
ddress: 1645 Massee, Albert Lea, MN 56007	
NOTE: If necessary, you may attach an addendum to the application listing addition	onal officers and/or directors.
(Signature of Director or Officer listed in number 12 of the a	
4. President/CEO (Typed or printed name and capacity of person signing app	pplication)

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# State of Minnesota

## **SECRETARY OF STATE**

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Alliance Benefit Group Financial Services, Corp.

Date Formed: 12/27/1983

Chapter Governed By: 302A

This certificate has been issued on 06/07/10.

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JUL 22 PH 4: 35

Mark Ritchie Secretary of State.