

**F10000003444**

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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TALLAHASSEE, FLORIDA

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

MBI Benefits, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$870.00

J. Shivers AUG 02 2010

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MBI Benefits, 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:

Wanda Smith

Name of Person

MBI Benefits, Inc.

Firm/Company

601 Riverside Ave.

Address

Jacksonville, FL 32204

City/State and Zip code

wanda.smith@fisglobal.com

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

For further information concerning this matter, please call:

Wanda Smith

at (904)

854-5021

Name of Person

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

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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. MBI 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. Michigan

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 10/30/1995

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. April 01, 2008

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1601 Trapelo Rd., Ste 249, Waltham, MA 02451-7333

(Principal office address)

1601 Trapelo Rd., Ste 249, Waltham, MA 02451-7333

(Current mailing address)

8. Electronic Payment 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: C T 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.*

C T Corporation System

By: \_\_\_\_\_

*Barbara A. Burke*

(Registered agent's signature)

Barbara A. Burke  
Special 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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Michael L. Gravelle, Director

Address: 601 Riverside Ave.

Jacksonville, FL 32204

Director: Gary A. Norcross, Director

Address: 601 Riverside Ave.

Jacksonville, FL 32204

**B. OFFICERS**

President: Frank D'Angelo, Chief Executive Officer and President

Address: 601 Riverside Ave.

Jacksonville, FL 32204

Vice President: Michael Hayford, Corp. Executive Vice President, Chief Financial Officer

Address: 601 Riverside Ave.

Jacksonville, FL 32204

Secretary: Stacey Lombardi, Vice President and Assistant Secretary

Address: 601 Riverside Ave., Jacksonville, FL 32204

Treasurer: Kirk T. Larsen, Vice President and Assistant Secretary

Address: 601 Riverside Ave., Jacksonville, FL 32204

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

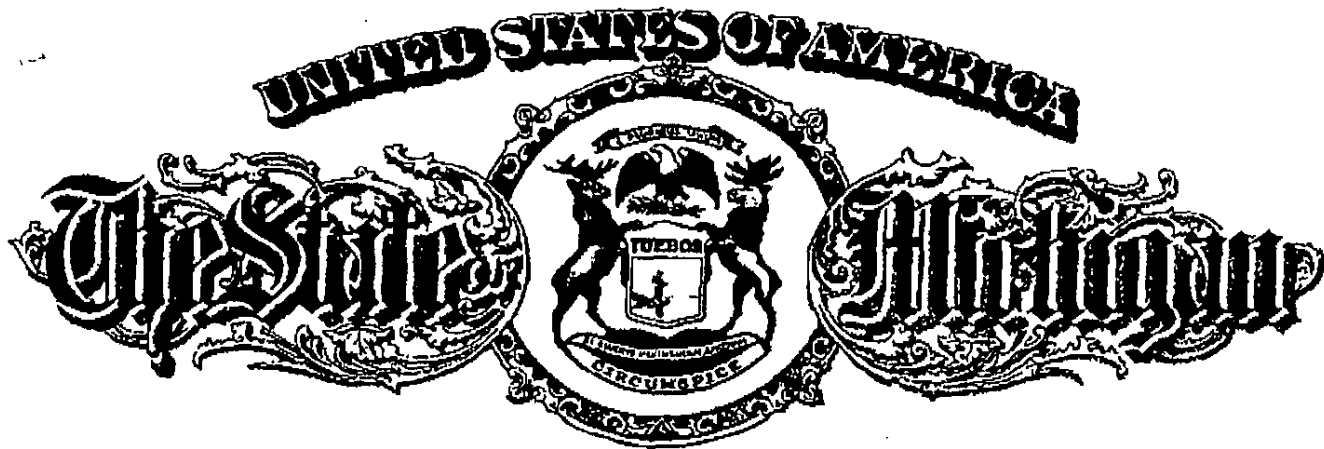
13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Michael L. Gravelle, Director

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



**Department of Energy, Labor & Economic Growth**

**Lansing, Michigan**

*This is to Certify That*

**MBI BENEFITS, INC.**

*was validly incorporated on October 30, 1995, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of July, 2010.*

Director

Bureau of Commercial Services