

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
Phone : (850)222-1092
Fax Number : (850)878-5368

****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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RECEIVED
10 NOV 16 AM 7:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FOREIGN PROFIT/NONPROFIT CORPORATION
American Benefit Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

J 11/17/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Benefit Services, 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:

Compliance Team

Name of Person

American Benefit Services, Inc.

Firm/Company

50 West Big Beaver Road Suite 245

Address

Troy, MI 48084

City/State and Zip code

compliance@assuredsource.com

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

For further information concerning this matter, please call:

Philip Grisafi

Name of Person

at (248) 786-4500

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. American Benefit Services, 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 3. 35-2231247
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 09, 2007 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 50 West Big Beaver Road Suite 245 Troy, MI 48084
(Principal office address)
- 50 West Big Beaver Road Suite 245 Troy, MI 48084
(Current mailing address)
8. Insurance Agency
(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: CT Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Kristine Heiberger
Kristine Heiberger
Assistant Secretary

Kristine Heiberger
(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.

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

A. DIRECTORS

Chairman: Philip Grisafi

Address: 50 West Big Beaver Road Suite 245 Troy, MI 48084

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Philip Grisafi

Address: 50 West Big Beaver Road Suite 245 Troy, MI 48084

Vice President: James A. D'lorio

Address: 50 West Big Beaver Road Suite 245 Troy, MI 48084

Secretary: James A. D'lorio

Address: 50 West Big Beaver Road Suite 245 Troy, MI 48084

Treasurer: James A. D'lorio

Address: 50 West Big Beaver Road Suite 245 Troy, MI 48084

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

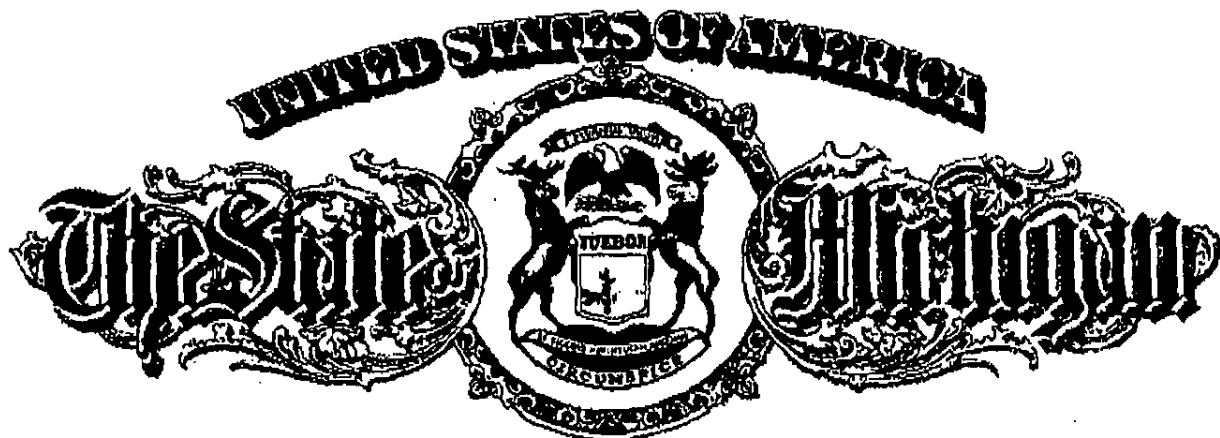
13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Philip Grisafi President

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



Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

AMERICAN BENEFIT SERVICES, INC.

was validly incorporated on May 9, 2007, 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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Sent by Facsimile Transmission
1027289

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of November, 2010.

Director

Bureau of Commercial Services