F11000002007

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

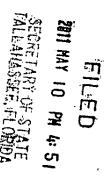


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04/07/11--01012--001 **70.00

W1/9951



T. Burch MAY 11 2011

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Faison Group 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:
Scott Eastman
Name of Person
Faison Group Benefits, Inc.
Firm/Company
P.O. Box 6009
Address
Ashland, VA 23005
City/State and Zip code
s.eastman@faisongroup.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Eastman at (804) 400-8064
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 & Certified Copy \$87.50 Filing Fee, Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2011

SCOTT EASTMAN PO BOX 6009 ASHLAND, VA 23005

SUBJECT: FAISON GROUP BENEFITS, INC.

Ref. Number: W11000019957

We have received your document for FAISON GROUP BENEFITS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 \$1,400.00.

Please return 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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 011A00008554



April 29, 2011

SCOTT EASTMAN PO BOX 6009 ASHLAND, VA 23005

SUBJECT: FAISON GROUP BENEFITS, INC.

Ref. Number: W11000019957

We have received your document for FAISON GROUP BENEFITS, INC. 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 \$1,400.00.

Please return 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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 511A00010508

BUSINESS IN FLORIDA	1 7 7
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.	
, Falson Group Benefits, Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	Ť
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	5
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. <u>Virginia</u> 3. <u>54-1946706</u>	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 5/26/1999 5. Perpetual	
4. 5/26/1979 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. 09/17/05	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 6468 NW 5th Way Fort Cambridge, FC 33309 (Principal office address)	
6468 NW 5th Way Fort Landerdale FC 33309 (Current milling address)	
_	
8. Insurance Agency (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
D. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: <u>Tim Davis</u>	
Office Address: 6468 N.W. 5th Way	
Fort Lauderdale , Florida 33309	
(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.

(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 business addresses of officers and/or directors:	307	N.D.
A. DIRECTORS .		=======================================
Chairman:		¥¥
Address:	#6-3 1000	_5
	70	_⊋
Vice Chairman:		÷
Address:	> ' '	_
Director:		
Address:		
Director:		
Address:		
		_
B. OFFICERS		
President: Scott B. Eastman		
Address: P.O. Box 6009		
Ashland, VA 23005		_
Vice President:		_
Address:		
And the second s		
Secretary: Timothy K. Davis		-
Address: 6468 NW 5th Way Ft. Causlerlate FL 33309		
Treasurer: Scott B. Eastman		_
0 0 1000 11111111 00000		
		_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
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 are true and that he or she is aware that false information submitted in a document to the Department of State con		a
third degree felony as provided for in s.817.155, F.S.		
14. Timothy K Davis Secretary (Typed or printed name and capacity of person slowing application)		

Commontoralth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

FAISON GROUP BENEFITS, INC., a corporation incorporated under the laws of is authorized to transact business in Virginia and is in good standing. It obtained a certificate of authority from the Commission on May 26, 1999.

The date of incorporation is May 26, 1999.

Nothing more is hereby certified.

SECRETARY OF STATE



Signed and Sealed at Richmond on this Date: April 18, 2011

Joel H. Peck. Clerk of the Commission