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(Red	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

Ps 2/14/12

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2012

DAVID G HONAMAN ADVANCED BENEFIT SOLUTIONS, INC. 932 NORTH MITCHELL ST CADILLAC, MI 49601

SUBJECT: CIC - BENEFIT CONSULTING GROUP, INC.

Ref. Number: W12000005847

We have received your document for CIC - BENEFIT CONSULTING GROUP, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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) 245-6901.

Pamela Smith Regulatory Specialist !!

Letter Number: 012A00003283

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February 10, 2012



Pamela Smith
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Smith,

Per our telephone conversation on February 6th, attached please find a Michigan Certification of Status for Advanced Benefit Solutions, Inc. along with a copy of your rejection letter. We look forward to receiving the Florida Certification of Status very soon.

Sincerely,

Compliance Specialist

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Advanced Benefit Solutions, 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:					
David G. Honaman					
Name of Person					
Advanced Benefit Solutions, Inc.					
Firm/Company					
932 North Mitchell Street					
Address					
Cadillac, MI 49601					
City/State and Zip code					
dhonaman@cicbcg.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
David G. Honaman at (231) 306-1090					
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 & 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.

CIC - Benefit Consultin	a Group, Inc.				
		me	adopted for the purpose of transacting business (a Florida)		
n Michigan		,	20-0156574		
(State or country under the law	of which it is incorporated)		(FEI number, it applicable)		
, August 15, 2003		5.	5. Perpetual		
(Date of incorporat	ion)		(Duration: Year corp. will cease to exist or "perpetual")		
6. None, therefore, not a					
(SE)			n Florida, if prior to registration) 502, F.S., to determine penalty (lability)		
932 North Mitchell S	Street, Cadillac, MI	49	601		
	(Principal office)	add	ress)		
932 North Mitchell	1 144 . And 1 144 . And 1 1 14 14 14 14 14 14 14 14 14 14 14 14		49601		
	(Current mailing)	add	ress)		
			49601 Ty Claims Administrator Suntry to be carried our in state of Florida) D. Box NOT acceptable)		
(Purpose(s) of corporati	on authorized in home state o	er co	nuntry to be carried out in state of Florida)		
). Name and street address of	Florida registered agent: (P.C). Box NOT acceptable)		
Name: The Sto	oner Organization	Γ_{Γ}	16.		
	ntral Avenue, Suite 30	<u>۱۱,</u>	TTO man a special		

ttaving 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.

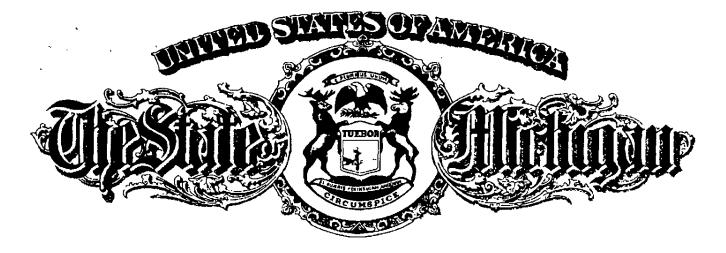
(Registered agent's signature)

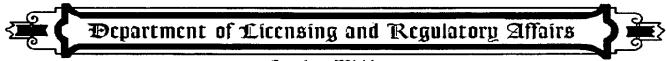
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the taw of which it is incorporated.

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

A. DIR	ECTORS		
Chairma	ı: Brian T. Cote		
Address:	932 North Mitchell Street, Cadillac, MI 49601	_ -	
	James Cata		
	O22 North Mitchell Street, Codillog, MI 40601		
Address:	932 North Mitchell Street, Cadillac, MI 49601	*****	
Director.	David G. Honaman	***, where	
Address:	932 North Mitchell Street, Cadillac, MI 49601		
Director:	John O'Connor		
Address:	932 North Mitchell Street, Cadillac, MI 49601		
B. OFF	TICERS		process and the second second
President	Brian T. Cote		
Address:	932 North Mitchell Street, Cadillac, MI 49601	12	NSE.
		FEB	문자
Vice Pre-	sident: John O'Connor	$\bar{\omega}$	- C: X
Address:	932 North Mitchell Street, Cadillac, MI 49601	PH 12:	139 139 130 130 130 130 130 130 130 130 130 130
		12	CHAP ON ATTOMS
Secretary	. David G. Honaman		3 85
Address:	932 North Mitchell Street, Cadillac, MI 49601	maga community to a second	
Treasure	r: David G. Honaman		·
Address:	932 North Mitchell Street, Cadillac, MI 49601		1 m11 191 F max. 4.
NOTE:	If necessary, you may attach an ordendary to the application listing additional officers and/or direct	nors.	
13	Signature of Director or Officer	·	
are true	eer or director signing this document (and who is listed in number 12 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of Stat gree follows as provided for in \$.817.155, F.S.		

14. David G. Honaman, Director, Secretary, Treasurer and CFO (Typed or printed name and capacity of person signing application)





Lansing, Michigan

This is to Certify That

ADVANCED BENEFIT SOLUTIONS, INC.

was validly incorporated on August 15, 2003, 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of February, 2012.

Director

Bureau of Commercial Services

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SECRETARY OF STATE