

F130000003354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

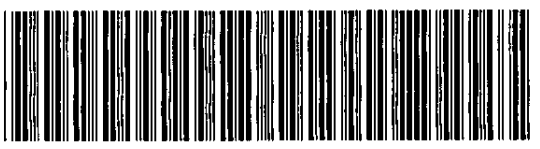
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received corrected doc. 8/6/13 mas

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06/25/13--01010--006 **78.75

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13 AUG -6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*MRS
8/6/13*

113-38615

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Worksite 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:

Randi Haluptzok

Name of Person

Homeland Healthcare, Inc.

Firm/Company

825 Market Street, Suite 300

Address

Allen, TX 75013

City/State and Zip code

randi.haluptzok@homelandhealthcare.com

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

For further information concerning this matter, please call:

Randi Haluptzok

Name of Person

at (469) 324-5213

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

RANDI HALUPTZOK
HOMELAND HEALTHCARE, INC.
825 MARKET STREET, SUITE 300
ALLEN, TX 75013

SUBJECT: WORKSITE BENEFITS, INC.
Ref. Number: W13000038615

We have received your document for WORKSITE BENEFITS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 813A00016699

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. Worksite Benefits, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

WBI Insurance Agency, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 4/26/2013 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4080 McGinnis Ferry Rd., Suite 1001, Alpharetta, GA 30005
(Principal office address)
825 Market Street, Suite 300, Allen, TX 75013
(Current mailing address)

8. Any and all lawful business in the State of Florida
(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, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 
(Registered agent's signature) M. E. Jones, Asst. Sec'y.

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:

A. DIRECTORS

Chairman: Robert J. Byrnes
Address: 825 Market Street, Suite 300
Allen, Texas 75013
Vice Chairman: n/a
Address: _____

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TALLAHASSEE, FLORIDA

Director: Robert J. Byrnes
Address: 825 Market Street, Suite 300
Allen, Texas 75013
Director: Stephen V. Jones
Address: 825 Market Street, Suite 300
Allen, Texas 75013

B. OFFICERS

President: Jeff Grabiak
Address: 825 Market Street, Suite 300
Allen, Texas 75013
Vice President: Reba J. Leonard
Address: 825 Market Street, Suite 300
Allen, Texas 75013
Secretary: Reba J. Leonard
Address: 825 Market Street, Suite 300 Allen, Texas 75013
Treasurer: Reba J. Leonard
Address: 825 Market Street, Suite 300 Allen, Texas 75013

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. Reba J. Leonard, Secretary
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13406244
DATE INC/AUTH/FILED : April 26, 2013
JURISDICTION : Georgia
PRINT DATE : 7/17/2013 12:13:15 PM

13 AUG -6 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WORKSITE BENEFITS, INC.
A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State