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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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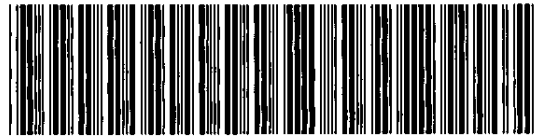
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/02/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 945140 4304417

AUTHORIZATION :

COST LIMIT : \$ 70,00

[Handwritten signature]

ORDER DATE : December 30, 2013

ORDER TIME : 11:06 AM

ORDER NO. : 945140-005

CUSTOMER NO: 4304417

FOREIGN FILINGS

NAME: TWG BENEFITS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

**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. TWG 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. IL

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

3.

(FEI number, if applicable)

4. 06/15/1995

(Date of incorporation)

5. PERPETUAL

(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. 1111 E. TOUHY AVENUE, SUITE 235, DES PLAINES, IL 60018

(Principal office address)

1111 E. TOUHY AVENUE, SUITE 235, DES PLAINES, IL 60018

(Current mailing address)

8. THIRD PARTY PENSION ADMINISTRATION

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: 

(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: HASKEL WEISS

Address: 1111 E. TOUHY AVENUE, SUITE 235, DES PLAINES, IL 60018

Director: ADAM WEISS

Address: 1111 E. TOUHY AVENUE, SUITE 235, DES PLAINES, IL 60018

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B. OFFICERS

President: HASKEL WEISS

Address: 1111 E. TOUHY AVENUE, SUITE 235, DES PLAINES, IL 60018

Vice President: _____

Address: _____

Secretary: ADAM WEISS

Address: 1111 E. TOUHY AVENUE, SUITE 235, DES PLAINES, IL 60018

Treasurer: _____

Address: _____

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. HASKEL WEISS, PRESIDENT

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

File Number 5838-569-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TWG BENEFITS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 15, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of DECEMBER A.D. 2013 .

Jesse White

Authentication #: 1336501132

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE