

F14000000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

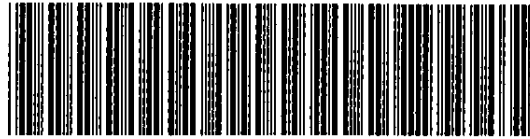
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-66926

Office Use Only



000253954760

12/05/13--01015--009 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN 13 PM 4:57

W13



PO Box 6125 • Greenville, SC 29606 • Call [864] 234-8200 • Fax [864] 234-8202
www.cwibenefits.com

November 26, 2013

Florida Department of State
Division of Corporations
New Filing Section
PO Box 6327
Tallahassee, FL 32314

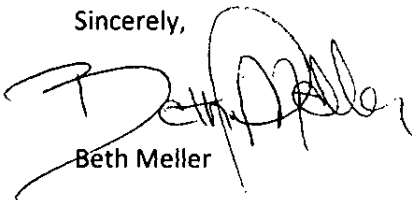
RE: CWIBenefits, Inc.

Enclosed are the required documents for application as a foreign corporation to transact business in Florida.

Please note that we originally filed erroneously on October 22, 2013 via your online system. Thus we were inadvertently granted incorporation as a Florida company. As soon as we realized the mistake, we completed the required documents and paid the appropriate fee for voluntary dissolution. A cover letter was also submitted, requesting immediate release of our name so that we could file correctly as a foreign corporation using the CWIBenefits, Inc. name.

If you have any questions, please contact me at (800) 992-8088, ext 106, or beth.meller@cwibenefits.com.

Sincerely,



Beth Meller

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CWIBenefits, 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:

Beth Meller

Name of Person

CWIBenefits, Inc.

Firm/Company

PO Box 6125

Address

Greenville, SC 29606

City/State and Zip code

beth.meller@cwibenefits.com

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

For further information concerning this matter, please call:

Beth Meller

Name of Person

at (864) 234-8200 ext 106

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

BETH MELLER
PO BOX 6125
GREENVILLE, SC 29606

SUBJECT: CWI
Ref. Number: W13000066926

We have received your document for CWI 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 designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : , document number .

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

The document number of the name conflict is .

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

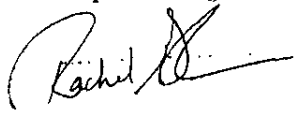
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 413A00027876

**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. CWIBenefits, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CWI
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 57-0870204
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-25-1988 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. to begin 1-1-2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 715 Congaree Road, Greenville, SC 29607
(Principal office address)
- PO Box 6125, Greenville, SC 29606
(Current mailing address)
8. Third Party Administrator
(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: NRAI Services, Inc.
- 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.
- By:  NRAI Services, Inc.
Rachel Glasheen, VP & Assistant
Secretary
(Registered agent's signature)

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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: Ron Ross (no middle name)

Address: PO Box 6125, Greenville, SC 29606
or 715 Congaree Road, Greenville, SC 29607

Vice Chairman: Grady Lee Barnett

Address: PO Box 6125, Greenville, SC 29606
or 715 Congaree Road, Greenville, SC 29607

Director: Charles Oneal McKeown

Address: PO Box 6125, Greenville, SC 29606
or 715 Congaree Road, Greenville, SC 29607

Director: _____

Address: _____

B. OFFICERS

President: Ron Ross

Address: PO Box 6125, Greenville, SC 29606
or 715 Congaree Road, Greenville, SC 29607

Vice President: Grady Lee Barnett

Address: PO Box 6125, Greenville, SC 29606
or 715 Congaree Road, Greenville, SC 29607

Secretary: Ron Ross

Address: PO Box 6125, Greenville, SC 29606 or 715 Congaree Road, Greenville, SC 29607

Treasurer: Grady Lee Barnett

Address: PO Box 6125, Greenville, SC 29606 or 715 Congaree Road, Greenville, SC 29607

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. Ron Ross - President, Secretary, and Chairman of the Board

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

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Delaware

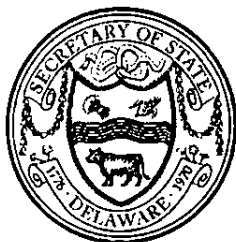
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PAGE 1
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CWIBENEFITS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF DECEMBER, A.D. 2013.

2150166 8300

131424834




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0983458

DATE: 12-16-13