

FA0000001852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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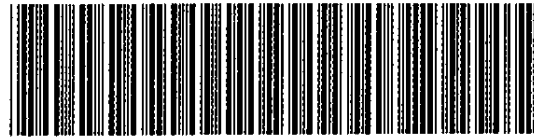
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO ASSISTANT  
SECRETARY OF FILING

2014 APR 28 AM 6:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 APR 28 AM 6:44

FILED



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 109116 7472601

AUTHORIZATION :

COST LIMIT : \$ 70.00

*Signature*

ORDER DATE : April 25, 2014

ORDER TIME : 10:24 AM

ORDER NO. : 109116-005

CUSTOMER NO: 7472601

FOREIGN FILINGS

NAME: INTEGRA 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: Chasity Busbee -- EXT# 62974

EXAMINER: \_\_\_\_\_

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TALLAHASSEE FLORIDA

**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. Integra 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. Illinois 3. 20-2425309  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/26/2010 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 04/14/2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8800 49th St. N., Ste 207 Pinellas Park, FL., 33782  
(Principal office address)
- 3501 Algonquin Road, Ste 140 Rolling Meadows, IL 60008  
(Current mailing address)
8. Telemarketing for Health and Life Insurance and Health and Life Insurance Sales  
(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)

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**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: Sue G. Knight Sue G. Knight  
(Registered agent's signature) Assistant Vice President

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: Richard Hayes

Address: 3501 Algonquin Road, Ste 240  
Rolling Meadows, IL 60008

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Richard Hayes

Address: 3501 Algonquin Road, Ste 240  
Rolling Meadows, IL 60008

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Richard Hayes

Address: 3501 Algonquin Road, Ste 240  
Rolling Meadows, IL 60008

Vice President: Richard Hayes

Address: 3501 Algonquin Road, Ste 240  
Rolling Meadows, IL 60008

Secretary: Richard Hayes

Address: 3501 Algonquin Road, Ste 240 Rolling Meadows, IL 60008

Treasurer: Richard Hayes

Address: 3501 Algonquin Road, Ste 240 Rolling Meadows, IL 60008

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

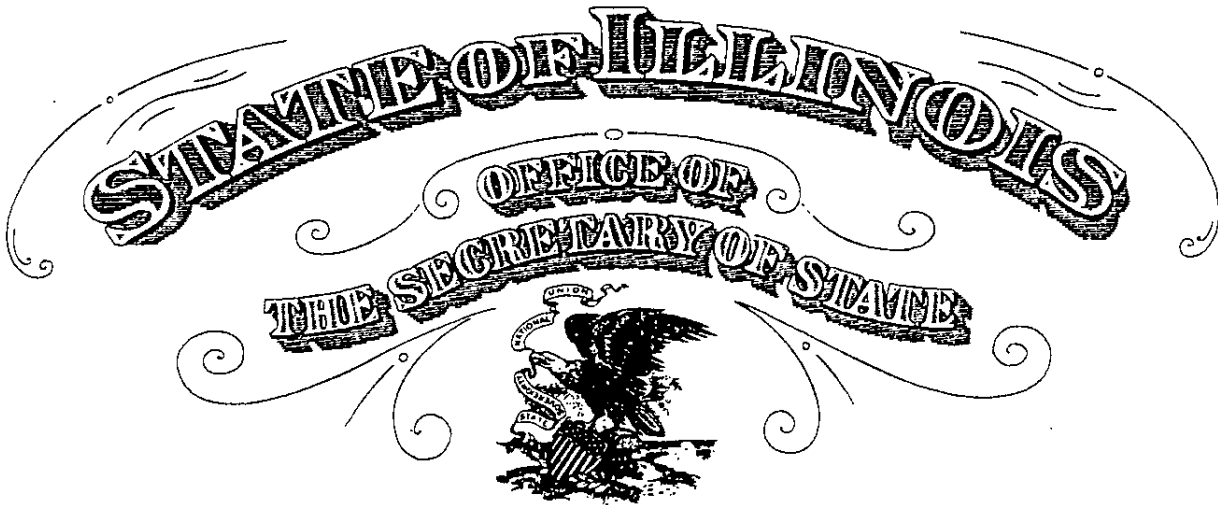
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Richard Hayes

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

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TALLAHASSEE FLORIDA

File Number 6404-882-1



*To all to whom these Presents Shall Come, Greeting:*

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

INTEGRA BENEFITS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 10, 2005, 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, GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS

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*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of APRIL A.D. 2014*

*Jesse White*

Authentication #: 1411502580

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

SECRETARY OF STATE