

K14000002705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

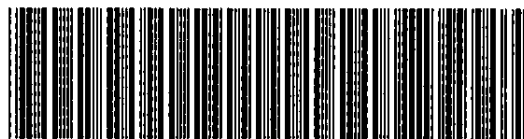
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600260555606

05/27/14--01012--005 **87.50

FILED
14 JUN 23 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

111/K1-33464

ymd 6/24



May 21, 2014

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

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

To whom it may concern:

Enclosed please find a cover letter, completed Application, check for \$87.50 and original certificate of existence from the North Carolina Department of Revenue per the enclosed instructions.

If you should need any additional information, please do not hesitate to contact me at kristin@tpaexchange.com or the address/phone number listed below.

Sincerely,

Kristin Bullock
President

PO Box 1043
Matthews, NC 28106-1043
Phone: 877-224-8061
Fax: 866-223-6521
www.tpaexchange.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Integrated Benefits DBA TPA Exchange, 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:

Kristin Bullock

Name of Person

TPA Exchange, Inc.

Firm/Company

PO Box 1043

Address

Matthews, NC 28106

City/State and Zip code

kristin@tpaexchange.com

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

For further information concerning this matter, please call:

Kristin Bullock

Name of Person

at (877) 224-8061

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

May 29, 2014

KRISTIN BULLOCK
P.O. BOX 1043
MATTHEWS, NC 28106

SUBJECT: INTEGRATED BENEFITS DBA TPA EXCHANGE, INC.
Ref. Number: W14000033464

We have received your document for INTEGRATED BENEFITS DBA TPA EXCHANGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

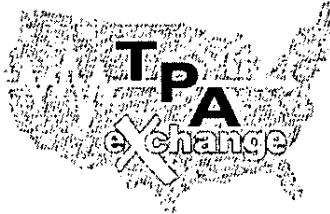
Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

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

Maryanne Dickey
Regulatory Specialist II

Letter Number: 714A00011584



June 6, 2014

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

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

To whom it may concern:

Enclosed please find a corrected Application for the above (Ref. Number: W14000033464) as well as a copy of the letter dated May 29, 2014 from your office pertaining to the correction that needed to be made on my original application submission.

Thank you and if you should need any additional information, please do not hesitate to contact me at kristin@tpaexchange.com or the address/phone number listed below.

Sincerely,

Kristin Bullock
President

PO Box 1043
Matthews, NC 28106-1043
Phone: 877-224-8061
Fax: 866-223-6521
www.tpaexchange.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

KRISTIN BULLOCK
P.O. BOX 1043
MATTHEWS, NC 28106

SUBJECT: THIRD PARTY ADMINISTRATOR EXCHANGE, INC.
Ref. Number: W14000033464

We have received your document for THIRD PARTY ADMINISTRATOR EXCHANGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

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

Maryanne Dickey
Regulatory Specialist II

Letter Number: 714A00011584



June 18, 2014

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

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

To whom it may concern:

Enclosed please find a corrected Application for the above (Ref. Number: W14000033464) as well as a copy of the letter dated June 10, 2014 from your office pertaining to the correction that needed to be made on my application submission.

Thank you and if you should need any additional information, please do not hesitate to contact me at kristin@tpaexchange.com or the address/phone number listed below.

Sincerely,

Kristin Bullock
President

PO Box 1043
Matthews, NC 28106-1043
Phone: 877-224-8061
Fax: 866-223-6521
www.tpaexchange.com

**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. ~~Integrated Benefits DBA TPA Exchange, Inc.~~

Third Party Administrator
Exchange, Inc.

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

Third Party Administrator Exchange, Inc.

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

2. North Carolina

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

3. 46-1609912

(FEI number, if applicable)

4. 1/9/13

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

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

7. 1234 Mann Drive Matthews, NC 28105

(Principal office address)

PO Box 1043 Matthews, NC 28106

(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:

William McClure

Office Address:

167 Palencia Village Drive

St. Augustine

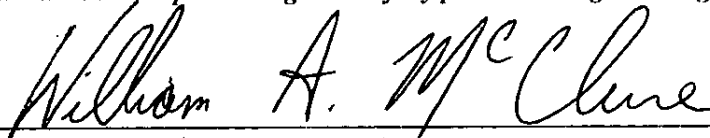
(City)

Florida 32095

(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.



(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 law of which it is incorporated.

FILED
14 JUN 23 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Kristin Bullock

Address: 8508 Netherfield Ct
Charlotte, NC 28277

Vice Chairman: same

Address: _____

Director: same

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kristin Bullock

Address: 8508 Netherfield Ct
Charlotte, NC 28277

Vice President: same

Address: _____

Secretary: same

Address: _____

Treasurer: same

Address: _____

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

13. Kristin Bullock

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. Kristin Bullock - President

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

FILED
14 JUN 23 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

FILED
14 JUN 23 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

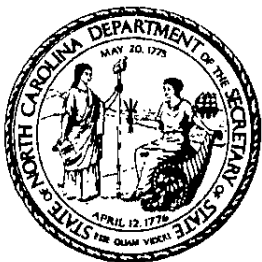
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

THIRD PARTY ADMINISTRATOR EXCHANGE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of January, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of June, 2014.

Elaine F. Marshall

Secretary of State