

FA000004571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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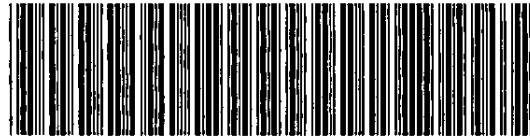
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 27 AM 7:39
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WA-62403

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FCE Benefit Administrators, 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:

Steve Porter

Name of Person

FCE Benefit Administrators, Inc

Firm/Company

8787 Mitten Road

Address

Burlingame, CA 94010

City/State and Zip code

sporter@fcebenefit.com

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

For further information concerning this matter, please call:

Steve Porter

Name of Person

at (650) 341-0306

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

October 13, 2014

STEVE PORTER
8787 MITTEN RD
BURLINGAME, CA 94010

SUBJECT: FCE BENEFIT ADMINISTRATORS, INC
Ref. Number: W14000062403

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14 OCT 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FCE BENEFIT ADMINISTRATORS, 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 registered agent must sign accepting the designation.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 314A00021898

**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. FCE Benefit Administrators, 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. California

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

3. 33-0330036

(FEI number, if applicable)

4. 1/6/89

(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. 887 Mitten Road, Burlingame, CA 94010

(Principal office address)

887 Mitten Road, Burlingame, CA 94010

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services

Office Address: 1200 So Pine Island Rd

Plantation

(City)

, Florida 33324

(Zip code)

9. **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.

Cheryl Conklin

(Registered agent's signature)

Cheryl Conklin - Asst. Secretary

10. 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.

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

A. DIRECTORS

Chairman: Gary Beckman

Address: 887 Mitten Road
Burlingame, CA 94010

Vice Chairman: Stephen L Porter

Address: 887 Mitten Road
Burlingame, CA 94010

Director: Gary Beckman

Address: 887 Mitten Road
Burlingame, CA 94010

Director: Stephen L. Porter

Address: 887 Mitten Road
Burlingame, CA 94010

B. OFFICERS

President: Gary Beckman

Address: 887 Mitten Road
Burlingame, CA 94010

Vice President: Stephen L Porter

Address: 887 Mitten Rd
Burlingame, CA 94010

Secretary: Stephen L Porter

Address: 887 Mitten Road, Burlingame, CA 94010

Treasurer: Gary Beckman

Address: 887 Mitten Road, Burlingame, CA 94010

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

12. 
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.

13. Stephen L. Porter, EVP, COO

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

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BURLINGAME, CA 94010

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FCE BENEFIT ADMINISTRATORS, INC.

FILE NUMBER: C1558898
FORMATION DATE: 01/06/1989
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 06, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State