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TALLAHASSEE, FLORIDA

JAN 28 2016

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COVER LETTER

TO: Registration Section
Division of Corporations
Millennial Benefit Management Corporation

SUBJECT: _____
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:
Joel Medgebow

Name of Person
Medgebow Law

Firm/Company
4171 W Hillsboro Blvd. Ste 9

Address
Coconut Creek, FL 33073

City/State and Zip code
joel@medgebowlaw.com

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

For further information concerning this matter, please call:

Joel Medgebow 954 478-4223

Name of Person at () Daytime Telephone Number
Area Code

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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.*

Millennial Benefit Management Corporation

1. _____
(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)

Delaware

N/A

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/15/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

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

498 NE 37th Street, Boca Raton, FL 33431

7. _____
(Principal office address)

(Current mailing address, if different)

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

Joel Medgebow

Name: _____

4171 W Hillsboro Blvd. Ste 9

Office Address: _____

Coconut Creek

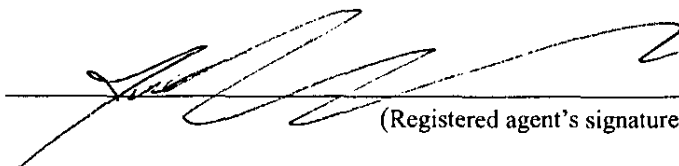
33073

_____, Florida _____
(City) (Zip code)

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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.


(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Santo Leo
498 NE 37th Street

Address: Boca Raton, FL 33431

Director: _____

Address: _____

B. OFFICERS

President: Santo Leo
498 NE 37th Street

Address: Boca Raton, FL 33431

Vice President: Joel Medgebow
4171 W. Hillsboro Blvd. Ste 9

Address: Coconut Creek, FL 33073

Secretary: Mike Schweiger
498 NE 37th Street

Address: Boca Raton, FL 33431

Treasurer: _____

Address: _____

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 11 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. Joel Medgebow, Officer

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

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SECRETARY OF STATE
TAMMESCUE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MILLENNIAL BENEFIT MANAGEMENT
CORPORATION" 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
NINETEENTH DAY OF DECEMBER, A.D. 2015.



5909110 8300

SR# 20151372973

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 10654356

Date: 12-19-15