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2016 MAY 10 A 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

PENSIONSONTHEWEB, INC.

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:

Bernadette Wegrzyn

Name of Person

PENSIONSONTHEWEB, INC. D/B/A The Benefit Practice, Inc.

Firm/Company

1055 Washington Blvd, Suite 610

Address

Stamford, CT 06901

City/State and Zip code

BWegrzyn@BenefitPractice.com

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

For further information concerning this matter, please call:

Bernadette Wegrzyn

203

517-3504

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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.*

PENSIONSONTHEWEB, INC.

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)

2. New York 3. 13-4144565
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/7/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. April 1, 2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 151 Southhall Lane, Suite 305, Maitland, FL 32751
(Principal office address)

(Current mailing address, if different)

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

Name: Nicole Chouinard

Office Address: CT Corporation System, 1200 S Pine Island Rd

Plantation, Florida 33324
(City) (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.

Nicole Chouinard

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lloyd Katz

Address: c/o PENSIONSONTHEWEB, INC. D/B/A The Benefit Practice, Inc.

1055 Washington Blvd, Suite 610, Stamford, CT 06901

Vice President: Peter Coleman

Address: c/o PENSIONSONTHEWEB, INC. D/B/A The Benefit Practice, Inc.

1055 Washington Blvd, Suite 610, Stamford, CT 06901

Secretary: _____

Address: _____

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. Lloyd Katz, President

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

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2018 MAY 10 A 11:34
STATE OF CONNECTICUT
TALAMON, CLIFFORD

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PENSIONSONTHEWEB, INC. was filed on 03/07/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of April two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State