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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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TO JUN 17 PM 3: 24

JUN 20 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Benefit Planning Consultants, 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:				
Habeeb Habeeb				
Name - CD				
Benefit Planning Consultants, Inc.				
2110 Classics But Sit as-				
2110 Clearlake Blvd, Suite 200 Address Champaign II 11822				
Champainn II Idea a				
Champaian IL 61822				
habeeb a bocinc. com + Jessica. Culbertson abocinc. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Habeeb Habeeb at (217) 355-2300 E. 400 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton 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 Certificate of Status 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.

(Enter name of c	ng Consultants, Inc. orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	·
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Floric	la)
Illinois 2:	3.	36-3036100	
	ÿ under the law of which it is incorporated)	(FEI number, if applicable)	_
(Date	of incorporation)	(Date of duration, if other than perpetual)	16 JUN 17
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
7	Blvd., Suite 200, Champaign, IL 61822		
	(Principal	office address)	ુ:
8. Name and stree Name: Office Address:	(Current mailing et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	address, if different) Box <u>NOT</u> acceptable)	
	Tallahassee	32301 , Florida	
" 1	(City)	(Zip code)	
designated in this further agree to c duties, and I am f	ned as registered agent and to accept service application, I hereby accept the appointme	e of process for the above stated corporation at an as registered agent and agree to act in this cative to the proper and complete performance on position as registered agent. Holly Jones Assistant Vice President	apacity. I
-	(Registered ag	•	
the Department of		ot more than 90 days prior to delivery of this applicable having custody of corporate records in the j	

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Habeeb Habeeb Address: 2110 Clearlake Blvd Suite 200 Champaian IL 41826 Reichard Vice Chairman: David S. Address: 2110 Clearlake Blvd Suite 200 Champaign IL. U1826 Address: _____ **B. OFFICERS** President: Habeeb Habeeb Address: 2110 Clearlake Blvd Suite 200 Champaign IL 61826 Vice President: +a++i Lyons Address: 2110 Clearlake Blvd Suite 200 Champaian 12 41826 Secretary: Habeeb Habeeb Address: ____ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Habeeb Habeeb, Owner + CEO

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



To all to whom these Presents Shall Come, Greeting

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BENEFIT PLANNING CONSULTANTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 04, 1979, 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, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH

day of

MAY

Authentication #: 1613702114 verifiable until 05/16/2017 Authenticate at: http://www.cyberdriveillinois.com