

F1700000102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

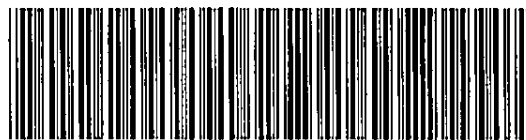
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-81823

647, 611

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JAN 09 2017

S. YOUNG

10 DEC -6 PM 12:00

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FEB 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2016

VIKI FOX
4000 FABER PLACE DRIVE STE 300
CHARLESTON, SC 29405

SUBJECT: ADVANCE BENEFIT MANAGEMENT SYSTEM USA, INC.
Ref. Number: W16000081873

We have received your document for ADVANCE BENEFIT MANAGEMENT SYSTEM USA, 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):

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.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 216A00026037

DEC - 6 PM 12:00

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TELETYPE UNIT

COVER LETTER

TO: Registration Section
Division of Corporations
Advance Benefit Management System USA, 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:
Viki Fox

_____	Name of Person	10 DEC -6 PM 12:00 RECEIVED DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
Advance Benefit Management System USA, Inc.		
_____	Firm/Company	
4000 Faber Place Drive, Ste 300		
_____	Address	
Charleston, SC 29405		
_____	City/State and Zip code	
vfox@aimssc.com		

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

For further information concerning this matter, please call:

Viki L. Fox	843	697-8734
_____	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.*

Advance Benefit Management System USA, Inc.

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

2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
South Carolina, USA 46-4002762

4. _____ 5. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/3/2013

6. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

7. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
4000 Faber Place Drive, Ste 300, Charleston, SC 20405

8. _____
(Principal office address)

(Current mailing address, if different)

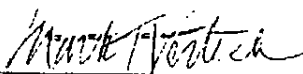
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Mark T. Vertich

Name: _____
1412 Royal Palm Blvd., Ste 101

Office Address: _____
Ft. Meyers 33919
_____, Florida
(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.



(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.

10 DEC -6 PM 12:00

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: CEO: Charles Kenneth Johnson
4000 Faber Place Drive, Ste 300, Charleston, SC 29405

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Randy Wright
4000 Faber Place Drive, Ste 300

Address: Charleston, SC 29405

Vice President: _____

Address: _____

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. C. KENNETH JOHNSON

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

DEC -6 PM 12:00

The State of South Carolina



Office of Secretary of State Mark Hammond

10 DEC - 6 PM 12:00

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

ADVANCE BENEFIT MANAGEMENT SYSTEMS USA, INC., a corporation duly organized under the laws of the State of South Carolina on September 30th, 2013, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
8th day of December, 2016.

Mark Hammond
Mark Hammond, Secretary of State