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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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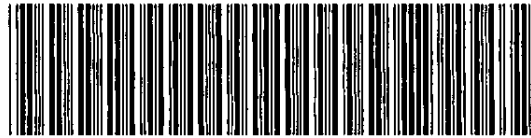
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 16 2017



R. David Marchetti
Telephone 601.605.6934
Facsimile 601.605.6901
dmarchetti@wellsmar.com

September 22, 2009

Mississippi Secretary of State
700 North Street
Jackson, MS 39201

VIA HAND DELIVERY

Re: Employee Benefit Services, Inc.

Dear Sir/Madam:

Please find enclosed, pertaining to the above-referenced matter, Office of the Mississippi Secretary of State's Form F0001, Articles of Incorporation along with this firm's check in the amount of \$50.00 for fees.

Please process this filing and return same to my attention. In the meantime, please stamp the enclosed copy with today's "Received Date" and return it to me via our courier.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance.

Sincerely yours,

WELLS MARBLE & HURST, PLLC


R. David Marchetti

RDM/cad
Enclosures a/s

084218 SEP 22 2009

COVER LETTER

TO: Registration Section
Division of Corporations
Employee Benefit Services, 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:
Tina Adams

Name of Person
Employee Benefit Services, Inc.

Firm/Company
P. O. Box 13749

Address
Jackson, MS 39236

City/State and Zip code
tadams@ebsincms.com

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

For further information concerning this matter, please call:

Tina Adams 601 353-0002

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.*

Employee Benefit Services, 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)
Mississippi 27-0979286

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/22/2009 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Currently does not transact any business in Florida

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
5 Old River Place, Suite 101, Jackson, MS 39202

7. _____
(Principal office address)
P. O. Box 13749, Jackson, MS 39236

(Current mailing address, if different)

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

InCorp Services, Inc.

Name: _____

17888 67th Court North

Office Address: _____

Loxahatchee

33470

(City)

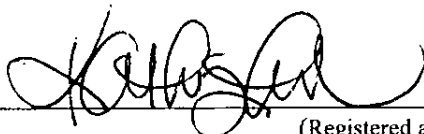
, Florida

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Kathy Shin on behalf of InCorp Services, Inc.

(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

John Slater

Chairman:

5 Old River Place, Suite 101

Address:

Jackson, MS 39202

Vice Chairman:

Address:

Benny (Buddy) Mardis

Director:

5 Old River Place, Suite 101

Address:

Jackson, MS 39202

Director:

Address:

B. OFFICERS

John Slater

President:

5 Old River Place, Suite 101

Address:

Jackson, MS 39202

Vice President:

Address:

Benny (Buddy) Mardis

Secretary:

5 Old River Place, Suite 101

Address:

Jackson, MS 39202

Treasurer:

5 Old River Place, Suite 101

Address:

Jackson, MS 39202

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.

John Slater - President

13.

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 22nd day of September, 2009, the State of Mississippi issued a Charter/Certificate of Authority to:

EMPLOYEE BENEFIT SERVICES, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Employee Benefit Services, Inc. is in good standing at this time.

Given under my hand and seal of office
the 27th day of January, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17032695

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>