

F770000004444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

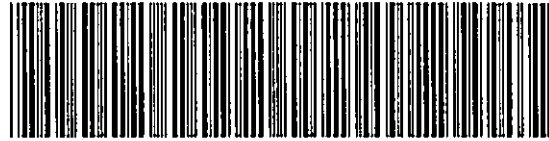
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900304134719

10/04/17--01025--002 **70.00

FILED

2017 OCT -4 P 12:16

SUICIDE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Staff Benefits Management 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:

Madeline Bardolf

Name of Person

Patton Compliance

Firm/Company

3122 Mahan Drive, Ste 801-250

Address

Tallahassee, FL 32308

City/State and Zip code

madeline@pattoncompliance.com

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

For further information concerning this matter, please call:

Madeline Bardolf

at (850) 294-1928

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

2017 OCT -4 P 12:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

**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.*

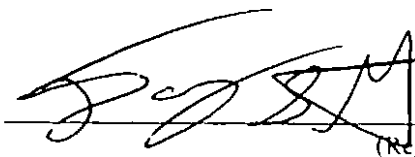
1. <u>Staff Benefits Management Inc.</u>	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. <u>California</u>	3. <u>81-1242192</u>
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>01/26/2016</u>	5. _____
(Date of incorporation)	(Date of duration, if other than perpetual)
6. _____ (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. <u>4858 Mercury St., Ste 110, San Diego, CA 92111</u>	
(Principal office address)	
(Current mailing address, if different)	

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

Name:	<u>Paracorp Incorporated</u>
Office Address:	<u>155 Office Plaza Dr., 1st Floor</u>
	<u>Tallahassee</u> , Florida <u>32301</u>
	(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.

 - Assistant Secretary
(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.

FILED
2017 OCT -4 P 12:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Frank Crivello

Address: 4858 Mercury St., Ste 110, San Diego, CA 92111

Director: _____

Address: _____

B. OFFICERS

President: Frank Crivello

Address: 4858 Mercury St., Ste 110, San Diego, CA 92111

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. Frank Crivello, Chief Executive Officer

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

FILED
2011 OCT 14 PM 12:16
SEC. OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

STAFF BENEFITS MANAGEMENT INC.

FILE NUMBER: C3866858
FORMATION DATE: 01/26/2016
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

2017 OCT -4 P 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 19, 2017.

Alex Padilla

ALEX PADILLA
Secretary of State