F17000004817

(Re	questor's Name)	
(Ad	dress)	
,	•	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
	_	
Special Instructions to	Filing Officer:	
		1
		İ
		ļ
		ł





500304904325

10/27/17--01017--013 470.00

SCIECTED TO THE SCIECTED AND A SCIECTED TO THE SCIECTED TO THE SCIECTED AND A SCIENTED AND A SCI

OCT 31 AH 2

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
	GBS Benefits, Inc.			
SUBJ	ECT:		' 1 1 00	
	Na	me of corporatio	n - must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certifi referenced foreign corporation	cate of Good Sta	inding" and check are su	
	return all correspondence cond Bearnson	cerning this matte	er to the following:	
		Name of	f Person	
Leavitt	Group Enterprises, Inc.			
		Firm/Cor	npany	
216 S 2	200 W			
	· · · · · · · · · · · · · · · · · · ·			
Cedar (City, UT 84720	Add	ress	
		City/State	and Zip code	
katie-b	earnson@leavitt.com	•		
	E-mail add	lress: (to be used	for future annual report	notification)
For fu	rther information concerning th	is matter, please	call:	
Vatia E	Bearnson	435	8653825	
Nauc I.	Carnson	at ()	
	Name of Person	Area Coo	de Daytime Telep	phone Number
	STREET/COURIER ADD	RESS:	MAILING A	ADDRESS:
	Registration Section		Registration !	
Division of Corporations			Division of Corporations	
Clifton Building			P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, FL 32301	•	Tallahassec,	FL 32314
Enclos	ed is a check for the following	amount:		
\$ \$70	0.00 Filing Fee	Tiling Fee & Cate of Status	■ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

GBS Benefits, Ir			
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila Utah 2.		7-0680571	Ţ
08/01/2001		(FEI number, if applic	1
(Date 11/30/2017	of incorporation) 5.	(Date of duration, if other tha	n perpetual)
465 S 400 E, Suite 7	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 a 300 Salt Lake City, UT 84111		
		address, if different)	FIL 7 OCT 3
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Corporation Service Company		AM 2: 5' FLORIDA
Office Address:	1201 Hays Street		57 DA
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of	ent as registered agent and agree lative to the proper and complete	to act in this capacity. I
	orporation Service Company y: (Registered ag	ent'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 inder the law of which it is incorporated.

1. Nan	nes and business addresses of officers and/or directors:		,
. DIR	ECTORS		
'hairman	Vance K. Smith	l	l
	216S 200 W Cedar City, UT 84720		
ddress:		1	
			1
CI	Eric O. Leavitt	1	
ice Una	irman:	1	
ddress:		<u> </u>	
		1	
	Scott Stewart	 	
irector:	465 S 400 E, Ste 300 Salt Lake City, UT 84111	 	
ddress:	405 5 400 E, Ste 500 Sait Lake City, OT 84111		
			•
	Jeff Kluge		
irector:		<u> </u>	
ddress	465 S 400 E, Ste 300 Salt Lake City, 84111		
iddicss.		- 	
. OFF	ICERS	-	
resident:	: Scott Schneider		
ddress:	465 5400E, Ste 300 Salt Lake City, UT 84111		
		<u> </u>	
			
ice Pres	ident: Bracken Longhurst		
	•	1	
duress.	216 5 200 W Cadar City, UT 84720		
		<u></u>	
cretary	Mark G. Kenney	1	
	216 S 200 W Cedar City, UT 84720	-	
dress:	Bracken Longhurst	1	
asurer	·		
lress:	216 S 200 W Cedar City, UT 84720	1	
			
TE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	tors.	
	MMMM. Laure		1
	Signature of Director or Officer		i
	cer or director signing this document (and who is listed in number 11 above) affirms that the facts st		
	and that he or she is aware that false information submitted in a document to the Department of State	e consti	tutes
	egree felony as provided for in s.817.155, F.S. k G. Kenney		1
¥[4f]	N. O. Reiniey		1

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



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/19/2017

4963560-014209192017-2949033

CERTIFICATE OF EXISTENCE

Registration Number:

4963560-0142

Business Name:

GBS BENEFITS, INC.

Registered Date:

August 01, 2001

Entity Type:

Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code