

F18000002097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

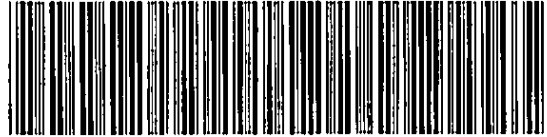
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-37476 CUS & Sign

Office Use Only



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04/17/18--01017--009 **87.50

FILED

18 APR 30 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY

MAY - 4 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPowering Benefits Association Inc.

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Carl Maxson

Name of Person

MPowering Benefits Association

Firm/Company

1761 Hillsboro Blvd.

#104

Address

Deerfield Beach, FL 33442

City/State and Zip Code

crodmanson@gmail.com

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

For further information concerning this matter, please call:

Dale Clemons

at (

813

516 9225

Name of Person

)
Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2018

CARL MAXSON
MPOWERING BENEFITS ASSOCIATION
1761 HILLSBORO BLVD. #104
DEERFIELD BEACH, FL 33442

SUBJECT: MPOWERING BENEFITS ASSOCIATION INC.
Ref. Number: W18000037476

We have received your document for MPOWERING BENEFITS ASSOCIATION 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00008017

RECEIVED
2018 APR 30 PM 2:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. MPowering Benefits Association Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

MBA Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/18 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1761 Hillsboro Blvd. #104 Deerfield Beach, FL 33442
(Principal office address)

(Current mailing address, if different)

8. To provide consumer benefits and services primarily for the benefit of it's memebrs
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Pointe Dr suite 150A
Tampa, Florida 33607
(City) (Zip Code)

10. **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.

Bill Hume

(Registered agent's signature)

11. 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
18 APR 30 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Robert E Reid Jr

Address: 65 Woodville Rd.
Shoreham, NY 11786

Vice Chairman: John Almieda

Address: 94 Blueberry Lane
Orrs Island, ME 04066

Director: Gary Lowe

Address: 34 High Street
Derry, NH 03038

Director: Executive Dir Carl Maxson

Address: 1761 Hillsboro Blvd #104
Deerfield Beach, FI 33442

B. OFFICERS

President: Robert E. Reid Jr.

Address: 65 Woodville Rd.
Shoreham, NY 11786

Vice President: John Almieda

Address: 94 Blueberry Lane
Orrs Island, ME 04066

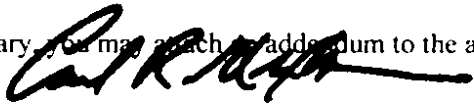
Secretary: Gary Lowe

Address: 34 High Street Derry, NH 03038

Treasurer: Carl Maxson

Address: 1761 Hillsboro Ave. #104 Deerfield Beach, FI 33442

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Carl Maxson, Executive Director
(Typed or printed name and capacity of person signing application)

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18 APR 30 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

7171-440-3

FILED
18 APR 30 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

EMPOWERING BENEFITS ASSOCIATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 26, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, 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 26TH
day of APRIL A.D. 2018 .

Jesse White

SECRETARY OF STATE