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SECRETARY OF STATE
SECRETARY OF STATE

O SIMMONS JUN 20 2018

COVER LETTER

TO: Registration S Division of C			
	an Benefits Company, Inc.		
SOBJECT.	Name of corporat	tion - must include suffi	ix
Dear Sir or Madam:			
"Certificate of Exister	ation by Foreign Corporation nee," or "Certificate of Good S ign corporation to transact bus	Standing" and check are	ansact Business in Florida." submitted to register the
Please return all corre Jason Wilde	spondence concerning this ma	itter to the following:	
	Name	of Person	
American Benefits Com	ipany		
	Firm/C	ompany	
646 W 9400 S Ste 202			
	Ac	ldress	
Sandy, UT 84070			
	City/Stat	e and Zip code	
jasonwilde5@gmail.com	n		
	E-mail address: (to be use	ed for future annual rep	ort notification)
For further informatio	n concerning this matter, pleas	se call:	
Jason Wilde	801	678-4597	
Name of Pers	on at (at (Code Daytime Te	elephone Number
Registration S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	orporations ng de Center Circle L 32301	Registration Division of P.O. Box 6	f Corporations
■ \$70.00 Filing Fee	r the following amount: \$\Pi\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee of Certified Copy	& S87.50 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.

American Bene	fits Company, Inc.		
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "COMPANY." "CORPORATIO	, ''
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
Utah 2.		20-2039632	_
(State or countr 10/25/2002	y under the law of which it is incorporated)	(FEI number, if applicable) Perpetual	
(Date 06/01/2018	(Date of incorporation) (Date of duration, if other than perpetual)		er than perpetual)
7	(SEE SECTIONS 607.1501 & 607.1 e 202, Sandy, UT 84070	in Florida, if prior to registration) 502. F.S., to determine penalty liab	ility)
646 W 9400 S St	e 202, Sandy, UT 84070	,,	
Name and stree	(Current maili et address of Florida registered agent: (P.	ing address, if different) O. Box. NOT acceptable)	18 JUN SECRETA
Name:	Jordan Norton		ILEI 18 I ARY OF SSEE,
Office Address:	1207 Meadow Lake Rd		PH 2: FLOR
	Rockledge	32955 , Florida	TE 30
	(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.

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

A. DIR	RECTORS	
Chairman	Jason Wilde n:	
Address:	646 W 9400 S Ste 202, Sandy, UT 84070	
Vice Cha	Jason Wilde	
	646 W 9400 S Ste 202, Sandy, UT 84070	
Director:	Jason Wilde	
	646 W 9400 S Ste 202, Sandy, UT 84070	
		_
Director	Jason Wilde	
	646 W 9400 S Ste 202, Sandy, UT 84070	-
Addiess.		15. 6
B. OFF	EICERS	LER WIT
	Jason Wilde	THE THE PERSON NAMED IN COLUMN TO SERVICE THE PERSON NAMED IN COLUMN T
	646 W 9400 S Ste 202, Sandy, UT 84070	Mar 3
Addiess.		OR IN
Vice Pres	Jason Wilde	<u> </u>
	sident:	
Audress.		
Carratama	Jason Wilde	-
Secretary:	646 W 9400 S Ste 202, Sandy, UT 84070	
Address:	Jason Wilde	
Address	646 W 9400 S Ste 202, Sandy, UT 84070	
Address:		
	If necessary, you may attach an added dum to the application listing additional office on Wilde	ers and/or directors.
The offic are true a a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Depegree felony as provided for in s.817.155. F.S. on Wilde — Director	



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

06/12/2018 5800749-014206122018-1970568

CERTIFICATE OF EXISTENCE

Registration Number:

5800749-0142

Business Name:

AMERICAN BENEFITS COMPANY, INC.

Registered Date:

December 28, 2004

Entity Type:

Corporation - Domestic - Profit

Status:

Current

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.



Harry Berg

Kathy Berg Director

Division of Corporations and Commercial Code