

F18000002906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

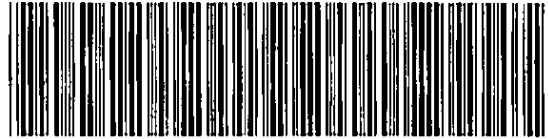
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Print address  
cannot be  
to Boy

W18-52300

Office Use Only



500313811355

05/30/18--01021--002 \*\*70.00

2018 JUN 15 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN  
JUN 21 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 JUN 15 AM 11:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

June 5, 2018

ANN DICKS  
EMPLOYEE BENEFIT SERVICES, INC.  
PO BOX 3040  
PLACIDA, FL 33946

SUBJECT: EMPLOYEE BENEFIT SERVICES, INC.  
Ref. Number: W18000052300

We have received your document for EMPLOYEE BENEFIT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The principal office address must be a "street" address. A post office box is not acceptable. A post office box is acceptable for the mailing address. Please correct your document accordingly.

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 218A00011613

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMPLOYEE BENEFIT SERVICES 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:

ANN DICKS

Name of Person

EMPLOYEE BENEFIT SERVICES INC.

Firm/Company

P.O. Box 3040

Address

PLACIDA, FL 33946

City/State and Zip code

adicks@empbensvcs.com

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

For further information concerning this matter, please call:

ANN DICKS

Name of Person

at ( 440 )

Area Code

893-9147

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.

1. EMPLOYEE BENEFIT SERVICES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. OHIO 3. 34-1747486  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/27/1993 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/16/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7675 WATER FALL TRAIL, CHAGRIN FALLS OH 44022  
(Principal office address)

P.O. Box 355, CHAGRIN FALLS, OH 44022  
(Current mailing address, if different)

OR P.O. Box 3040, PLACIDA, FL 33946

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

Name: ANN DICKS

Office Address: 9332 MIAMI CIRCLE

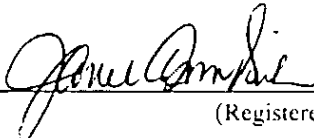
PORT CHARLOTTE, FL Florida 33981  
(City) (Zip code)

2018 JUN 15 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: BERT REIMANN

Address: PO BOX 355  
CHAGRIN FALLS, OH 44022

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. BERT REIMANN, PRESIDENT

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

FILED  
2018 JUN 15 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EMPLOYEE BENEFIT SERVICES, INC., an Ohio corporation, Charter No. 837124, having its principal location in Chagrin Falls, County of Cuyahoga, was incorporated on January 27, 1993 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 29th day of May, A.D. 2018.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201814901188