

F200000001941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

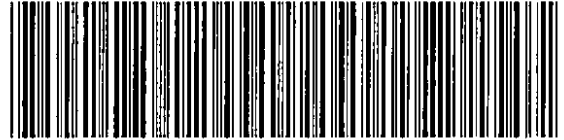
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2020 APR 27 PM 12:05

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LTS
4-27-2020



Regulatory & Compliance Risk Management

April 18, 2020

Lyn Shoffstall, Chief
Bureau of Commercial Recording
Division of Corporations
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Registration of Foreign Corporation – Benefits Network, Inc.

Dear Ms. Shoffstall:

Attached is the registration for Benefits Network, Inc. as a Foreign Corporation. Benefits Network, Inc. has dissolved as a Florida Corporation and does not intend to revoke the dissolution. Benefits Network, Inc. is submitting the documentation required to be registered as a foreign corporation as requested.

Should you have any questions, or need any further information, you may reach me by phone at 817 881-0480 or, via e-mail at mbscott@complicom.com or by fax number at 972 767-3993.

Respectfully,

A handwritten signature in cursive script that reads "MaeBeth Scott".

MaeBeth Scott, FLMI
Consultant
CompliCom

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TALLAHASSEE, FL 32314

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benefits Network, 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:

MaeBeth Scott

Name of Person

Complicom

Firm/Company

6605 Kennedy Drive

Address

Colleyville, TX 76034

City/State and Zip code

mbscott@complicom.com

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

For further information concerning this matter, please call:

MaeBeth Scott

at (817) 881-0480

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Benefits Network, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Benefits Network TPA, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Texas 3. 75-2665586
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 12, 1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. No business has been transacted in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 500 NORTH CENTRAL EXPRESSWAY 325 PLANO, TX 75074
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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)

Diana Serra, Special Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

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A. DIRECTORS

☐ Chairman Name: Gail Hubert
☐ Vice Chairman Address: 500 N Central Expressway #325
☐ Director Plano, TX 75074
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Alan Hall
☐ Vice Chairman Address: 500 N Central Expressway #325
☐ Director Plano, TX 75074
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Thomas Brophy
☐ Vice Chairman Address: 500 N Central Expressway #325
☐ Director Plano, TX 75074
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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



FILED

Office of the Secretary of State

2020 APR 27 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for BENEFITS NETWORK, INC. (file number 137351400), a Domestic For-Profit Corporation, was filed in this office on October 12, 1995.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 21, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State