

F2000000354

(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:

W200000679787

Office Use Only



900347717269

07/22/20--011000--0014 *001.50

RECEIVED

JUL 14 2020

FILED
2020 AUG 12 PM 3:14
TALLAHASSEE, FLORIDA

45
8/15/20 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2020

BOBBY HANDLEY
4789 RINGS ROAD
SUITE:150
DUBLIN, OH 43017

SUBJECT: EMPLOYEE BENEFIT MANAGEMENT CORP
Ref. Number: W20000079787

We have received your document for EMPLOYEE BENEFIT MANAGEMENT CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

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.

Yvette Scott
Document Specialist II

Letter Number: 720A00014012

RECEIVED

AUG 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Employee Benefit Management Corp

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:

Bobby Handley

Name of Person

Employee Benefit Management Corp

Firm/Company

4789 Rings Road, Suite 150

Address

Dublin, Ohio 43017

City/State and Zip code

bobby.handley@mycarefactor.com

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

For further information concerning this matter, please call:

Bobby Handley

at (614) 943-4458

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. Employee Benefit Management Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CareFactor Corp

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

2. Ohio 3. 31-0747539
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/22/1968 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 4789 Rings Road, Suite 150
(Principal office street address)

(Current mailing address, if different)

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

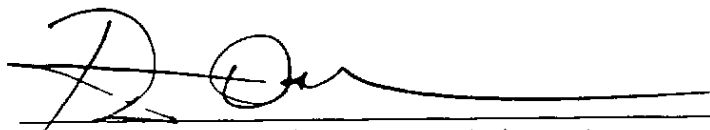
Name: Robert Ochall

Office Address: 4628 Azalea Drive

Naples, Florida 34119
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Robert Ochall
☐ Vice Chairman Address: 8459 Claxington Ct.
☐ Director Powell, Ohio 43065
☒ President Robert Ochall
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bobby Handley
☐ Vice Chairman Address: 4413048 Carson Rd.
☐ Director Orient, Ohio 43146
☐ President _____
☒ Vice President Bobby Handley
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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

☐ Chairman Name: Daniel Brown
☐ Vice Chairman Address: 885 Remington Rd.
☐ Director Buxley, OH 43209
☐ President _____
☒ Vice President Daniel Brown
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matthew Rich
☐ Vice Chairman Address: 1125 Nautilus Pl.
☐ Director Westerville, OH 43082
☐ President _____
☒ Vice President Matthew Rich
☐ 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. Bobby Handley 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. Bobby Handley, V.P. and Corporate Secretary
(Typed or printed name and capacity of person signing application)

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

I, Frank LaRose, 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 MANAGEMENT CORP., an Ohio corporation, Charter No. 376829, having its principal location in Dublin, County of Franklin, was incorporated on October 22, 1968 and is currently in GOOD STANDING upon the records of this office.

2020 AUG 12 PM 3:14
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of August, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202021802446