F21000006602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

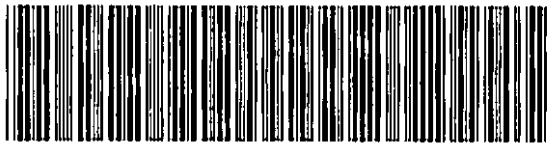
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 NOV 10 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL

S. HAWKES

NOV - 2021

Capital Benefit Group

5605 77 Center Dr Ste 270
Charlotte NC 28217-2773
Capital-BenefitGroup.com

**FLORIDA DEPARTMENT OF STATE**
**Division of Corporations**
**Registration Section**
The Center of Tallahassee
2415 N. Monroe Street, Suite 180
Tallahassee, FL 32303

**RE: Application by Capital Benefit Group, Inc. for authorization to transact business in Florida.**

Dear Sir/Madam,

Enclosed please find Capital Benefit Group, Inc application for authorization to transact business in Florida which includes:

1. Cover letter Form.
2. Executed Application for Authorization to Transact Business Form.
3. Certificate of Existence and invoice issued by North Carolina Department of the Secretary of State on November 3rd, 2021.
4. Check in the amount of $87.50 for the Certificate of Status and Certified Copy made payable to the Florida Department of State.

Should you have any questions about this filing please let me know.

Approved documents can be emailed to:

compliance@capital.email

OR mailed to:

5605 77 Center Drive, Suite 270
Charlotte, NC 28217

Regards,

Julia Hill,
Paralegal

Direct Phone: (704) 970-0212
jhill@capital.email

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Capital Benefit Group, 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:

John C. Leddington (Vice President)
Name of Person

Capital Benefit Group, Inc
Firm/Company

5605 77 Center Drive, Suite 270
Address

Charlotte, NC 28217
City/State and Zip code

compliance@capital.email
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Leddington (Vice President) at (704) 981-9388
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. Capital Benefit Group, Inc.

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

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

2. North Carolina
(State or country under the law of which it is incorporated)

3. 74-3069561
(FEI number, if applicable)

4. 25th of June, 2002
(Date of incorporation)

5. Perpetual
(Date of duration, if other than perpetual)

6. Did not start doing business in FL yet.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5605 77 Center Drive Charlotte, NC 28217
(Principal office **street** address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

2021 JUN 10 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL
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.***

Eyleima Baker
Assistant Vice President
(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: Thomas R. Hughes

☐Vice Chairman Address: 5605 77 Center Drive, Suite 270

☐Director Charlotte, NC 28217

■President

☐Vice President

☐Secretary ☐Treasurer

☐Other Melanie McKelvey ☐Other Robert Shepard

☐Chairman Name: John C. Leddington

☐Vice Chairman Address: 5605 77 Center Drive, Suite 270

☐Director Charlotte, NC 28217

☐President

■Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name: Robert Shepard

☐Vice Chairman Address: 5605 77 Center Drive, Ste 270

☐Director Charlotte, NC 28217

☐President

☐Vice President

☐Secretary ■Treasurer

☐Other ☐Other COO

☐Chairman Name: Melanie McKelvey

☐Vice Chairman Address: 5605 77 Center Drive, Suite 270

☐Director Charlotte, NC 28217

☐President

☐Vice President

■Secretary ☐Treasurer

■Other CFO ☐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. John C. Leddington/Vice President
(Typed or printed name and capacity of person signing application)

# NORTH CAROLINA
## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

**CAPITAL BENEFIT GROUP, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of June, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of November, 2021.

Elaine F. Marshall

Secretary of State

Certification# 111471932-1 Reference# 17855715- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification