

F23000002602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

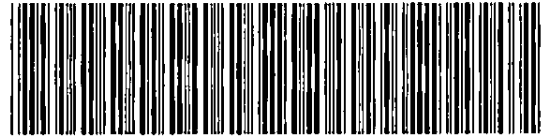
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 APR 14 PM 4:03

RECEIVED
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RECEIVED
2023 APR 14 AM 11:43
OFFICE OF THE CLERK
STATE OF FLORIDA

MAY 03 2023
Brumbley

W23-55205

82



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2023

CSC

SUBJECT: ULTRABENEFITS, INC.
Ref. Number: W23000055205

RESUBMIT
Please give original
submission date as file date.

We have received your document for ULTRABENEFITS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 823A00008537



RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAY -2 AM 11:30

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 648992 7217497

AUTHORIZATION :

COST LIMIT :

Handwritten signature

ORDER DATE : April 7, 2023

ORDER TIME : 9:17 AM

ORDER NO. : 648992-001

CUSTOMER NO: 7217497

FOREIGN FILINGS

NAME: ULTRABENEFITS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ultrabenefits, 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:

James Bushey
Name of Person

Ultrabenefits, Inc.
Firm/Company

22 Elm St Ste 110
Address

Worcester, MA 01608
City/State and Zip code

jim.bushey@ultrabenefits.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Bushey at (508) 438-2503
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. ULTRABENEFITS, 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. Delaware 3. 04-3525752
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/5/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 22 Elm St Ste 110 Worcester, MA 01608
(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, Florida 32301
(City) (Zip code)

2023 APR 14 PM 4:03

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.

Corporation Service Company

By: Lindsay A. Eick
(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: Richard Burke
 Vice Chairman Address: 10 Chestnut St.
 Director Worcester, MA 01608
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: James Bushey
 Vice Chairman Address: 22 Elm St.
 Director Suite 110
 President Worcester, MA 01608
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

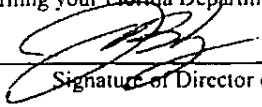
Chairman Name: Todd Bailey
 Vice Chairman Address: 10 Chestnut St.
 Director Worcester, MA 01608
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Roberta Jones
 Vice Chairman Address: 22 Elm St.
 Director Suite 110
 President Worcester, MA 01608
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Cindy St. Germain
 Vice Chairman Address: 22 Elm St.
 Director Suite 110
 President Worcester, MA 01608
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Brian Cavallo
 Vice Chairman Address: 22 Elm St.
 Director Suite 110
 President Worcester, MA 01608
 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. James Bushey, President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTRABENEFITS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTRABENEFITS, INC." WAS INCORPORATED ON THE FIFTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3254583 8300

SR# 20231372509

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203110030

Date: 04-10-23