

F24000003959

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W24-92222

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TALLAHASSEE, FL 32301

JUL 26 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2024

WILLIAM MCCLURE  
7533 S CENTER VIEW CT SUITE R  
WEST JORDAN, UT 84084 US

SUBJECT: BENEFIT LOGISTICS CAPTIVE INSURANCE COMPANY, INC  
Ref. Number: W24000092222

We have received your document for BENEFIT LOGISTICS CAPTIVE INSURANCE COMPANY, INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 724A00013205

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Benefit Logistics Captive Insurance Company, 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:

William McClure

Name of Person

Benefit Logistics Captive Insurance Company, Inc

Firm/Company

7533 S Center View Ct Suite R

Address

West Jordan, Utah 84084

City/State and Zip code

bill@benefitlogistics.com

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

For further information concerning this matter, please call:

William McClure

at ( 678 ) 283-3538

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. Benefit Logistics Captive Insurance Company.  
(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. Utah 3. 99-2815209  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 14, 2024 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. June 1, 2024  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 700 Plantation Island Drive Ste 900B Saint Augustine, Florida 32080  
(Principal office street address)

700 Plantation Island Drive Ste 900B Saint Augustine, Florida 32080  
(Current mailing address, if different)

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

Name: William McClure

Office Address: 700 Plantation Island Drive Ste 1000

Saint Augustine, Florida 32080  
(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.*

William McClure

(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]:

APPROVED  
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CLERK OF THE COURT  
JUL 16 2024

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☒ Chairman Name: William McClure  
☐ Vice Chairman Address: 6905 Richards Pl  
Saint Augustine, FL 32080  
☒ 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

☐ Chairman Name: Samantha Gilbert  
☒ Vice Chairman Address: 5 Lynton Pl  
Palm Coast, FL 32137  
☒ 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]  
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. Samantha Gilbert  
(Typed or printed name and capacity of person signing application)



Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

07/16/2024  
13881055-014207162024-2446179

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## CERTIFICATE OF EXISTENCE

Registration Number: 13881055-0142  
Business Name: BENEFIT LOGISTICS CAPTIVE INSURANCE  
COMPANY  
Registered Date: March 14, 2024  
Entity Type: Corporation - Domestic - Profit  
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



*Adam Watson*

Adam Watson  
Director  
Division of Corporations and Commercial Code