

F9500003393

TO: QUALIFICATION/REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: Benefit Partners, Inc.  
(Name of corporation)

800001436788  
-05/23/95--01078--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

W95 16829

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Michael A. Ortoll  
(Name of Person)  
Benefit Partners, Inc.  
(Firm/Company)  
4572 Bardsdale Dr.  
(Address)  
Palm Harbor, FL 34685  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Michael A. Ortoll at ( 813 ) 934 - 2149  
(Name of Person) Area Code & Daytime Telephone Number

95 JUL 17 AM 9:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
mtm

COURIER ADDRESS:  
Qualification/Registration Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Qualification/Registration Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 23, 1995

MICHAEL A. ORTOLL  
4572 BARSDALE DR.  
BENEFIT PARTNERS, INC.  
PALM HARBOR, FL 34685

SUBJECT: BENEFIT PARTNERS, INC.  
Ref. Number: W95000010829

SE JUN 17 AM 9:31  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BENEFIT PARTNERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, 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 (904) 487-6097.

Michael Mays  
Corporate Specialist

Letter Number: 795A00026215

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Benefit Partners, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware, U.S.A.  
(State or country under the law of which it is incorporated)
3. # 59-3307693  
(FEI number, if applicable)
4. 3/20/95  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. 4/01/95  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 4572 Bardsdale Dr.  
Palm Harbor, FL 34685  
(Current mailing address)
8. Sales, Marketing & consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Michael A. Ortol  
Office Address: 4572 Bardsdale Dr.  
Palm Harbor, Florida, 34685  
(Zip Code)

10. 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.

Michael A. Ortol  
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: T. Michael Rosier

Address: 2101 N. Dundee St.

Tampa, FL 33629

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Michael A. Ortoll

Address: 4572 Bardsdale Dr.

Palm Harbor, FL 34685.

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Michael A. Ortoll

Address: 4572 Bardsdale Dr.

Palm Harbor, FL 34685

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: T. Michael Rosier

Address: 2101 N. Dundee St.

Tampa, FL 33629

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael A. Ortoll  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael A. Ortoll, Director & President  
(Typed or printed name and capacity of person signing application)

55 JUL 17 AM 9:31

SECRET  
OFFICE OF THE ATTORNEY GENERAL  
TAMPA, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BENEFIT PARTNERS, 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 THIRD DAY OF JULY, A.D. 1995.

55 JUL 17 AM 9:31

RECEIVED  
SECRETARY OF STATE  
DELAWARE  
JUL 17 1995



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

07-03-95  
DATE: