AMERILAWYER® (Requestor's Name)
343 ALMERIA AVENUE RAL GABLES, FL 33134 - (305) 445-2700 (City, State, Zip)

(Phone #)

Foreign

Other

Limited Partnership

Reinstatement Trademark

OFFICE USE ONLY

W95 - 20232

700001606437 -10/11/95--01032--022 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known); (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Will wait Certificate of Status Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director **Limited Liability** Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION

CR2E031(10/92)

Annual Report

Fictitious Name

Name Reservation



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 11, 1995

AMERILAWYER 343 ALMERIA AVENUE WALK IN CORAL GABLES, FL 33134

SUBJECT: DIVERSIFIED BENEFIT SERVICES, INC.

Ref. Number: W95000020232

We have received your document for DIVERSIFIED BENEFIT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 Document Specialist

Letter Number: 995A00045977

95 OCT

DIVISION OF SERFE

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT:	Diversified Benefit Services, Inc.		
	(Name of corporation - must include suffix)	-	
Dear Sir or M	ladam:		
Florida", "Ce	d "Application by Foreign Corporation for Authorization for ertificate of Existence", and check are submitted to regist pration to transact business in Florida.	to Transact Busine ter the above refere	enced
Please return	all correspondence concerning this matter to the following	<b>):</b>	
	Natalia Utrera, Esq. (Name of Person)	95 OCT	SECI
	AmeriLawyer	)CT 19	
	(Firm/Company) 343 Almeria Avenue		
	(Address)	PH 12: 21	I.S.
	Coral Gables, Florida 33134 (City, State and Zip Code)	21	TIONS (6
Should you n	need to call someone concerning this matter, please call:		
	Utrera, at ( 305 ) 445 - 2700 lame of Person) Area Code & Daytime Telephone Nu	 ımber	
	·		

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 **MAILING ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Diversified Benefit Service	s, Inc.	
	(Name of corporation: must include the word "INCORPOR/ abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at pres	ATED", "COMPANY", "CORPORATION" ale that it is a corporation instead of a natura ent.)	or words or i
2. (	State of New Jersey State or country under the law of which it is incorporated)	3. 22-2978264 (FEI number, if applica	ble)
4.	April 25, 1989	5. perpetual existence (Duration: Year corp. will cease to exist	or "namety all"
	(Date of Incorporation)	(Duration: Year corp. win cease to exist	7
6.	Corporation has not transacted busine (Date first transacted business in Florida. (SEE SECTIONS	ss in the State of Florida. (607.1501,607.1502, AND 817.155, F.S.)	SECRETI SECRETI
7.	2425 North Federal Highway, Suite 369		19 海里
,.	2425 NOLDIT FEDERAL MIGHWAYY SUZUE 505		ED SI
	Boca Raton, Florida 33421		
	(Current mailin	g address)	之。 言言
8.	The Corporation shall engage in any a the laws of the United States and of	the State of Florida.	under (n
9.	Name and street address of Florida registered acceptable)  Law firm of Lawrence J. Spieg  Name: Doing Business as AmeriLawyer	el, Chartered	ox <u>NOT</u>
0	ffice Address: 343 Almeria Avenue	<del></del>	
	Coral Gables,	, Florida , <u>33134</u> (Zip Code)	•
10	D. Registered agent's acceptance:		
ce re al	aving been named as registered agent and to accept proration at the place designated in this application of the place designated in this application is gistered agent and agree to act in this capacity. It is statutes relative to the proper and complete perform accept the obligations of my position as registed.  Law firm of Lawrence J/Sopposition of the proper and complete performs as a proper accept the obligations of my position as registed.  Doing Business as Ameriyand By:	ion, I hereby accept the appointmen I further agree to comply with the p formance of my duties, and I am far treed agent. Aggel, Chartered	nt as rovisions of

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

## A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: _	Frederic J. Newman		
Address:	6264 Northwest 102 Way, Parkland, Florida 33076	a	
Vice Chairm	man: David A. Newman		,
Address:	6264 Northwest 102 Way		
	Parkland, Florida 33076		
Director: _			
Address:			ı
Director: _			3
		130 S	Sin
		_ <del>`</del>	). Y
B OFFICE	ERS (Street address only- P. O. Box NOT acceptable)	3	77
	Frederic J. Newman	21 KA	37
		7	
Address:	6264 Northwest 102 Way		.9.5 .9.5
_	Parkland, Florida 33076		-
Vice Preside	ent: David A. Newman		
Address:	6264 Northwest 102 Way		-
	Parkland, Florida 33076		_
Secretary:	David A. Newman		
•	6264 Northwest 102 Way		
	Parkland, Florida 33076		_
Treasurer:			-
Address: _			-
officers and	necessary, you may attach in addengum to the application listing additional for directors.  Natalia Utrera, Es		
13 <u>(S</u>	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	-4.	-
	Authorized/Agent and Attorney for Diversified Benefit Services, Inc.,		
14	a New Jersey Corporation  (Timed or punied name and capacity of person signing application)	<u> </u>	_

## NEW JERSEY SECRETARY OF STATE

DIVERSIFIED BENEFIT SERVICES, INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ADOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON APR. 25,1989.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXESOLVED BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE TO

RARITAN PLAZA III, 5TH FLOOR

FIELDCREST AVENUE

EDISON

02580 LM

AND THE REGISTERED AGENT IS FREDERIC J NEWMAN.

SEP. 29,1995

Form R. Hoole

