To: Qualification/Tax Lien Section 2777

Division of Corporations
SUBJECT: Member Benefits, 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", 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: 20002514192-08
******70.00 ******70.00 Michael S. Walsh
(Name of Person)
Michael S. Walsh, P.C.
(Firm/Company)
11350 N. Meridian Street, Suite 420
(Address)
Carmel, IN 46032 W98-10339
(City/State/Zip)
Should you need to call someone concerning this matter, please call:
Michael S. Walsh at (317) 575-5700
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

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





PORTER, WRIGHT, MORRIS & ARTHUR

Attorneys & Counselors at Law

4501 Tamiami Trail North Suite 400 Naples, Florida 34103-3013 Telephone: 941-263-8898 Facsimile: 941-436-2990 Nationwide: 800-876-7962

W. JEFFREY CECIL 941-436-2950 jcecil@porterwright.com

> ALSO ADMITTED OHIO

> > May 4, 1998

VIA CERTIFIED MAIL

Florida Department of State Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Member Benefits, Inc.

Ladies and Gentlemen:

Enclosed for filing are the following documents for the above corporation:

- 1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
- 2. Transmittal Letter; and
- 3. Indiana Certificate of Existence

We are enclosing a check in the amount of \$70.00 for the filing fee.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

W/ Tof

WJC:jh Enclosures

cc: Michael S. Walsh

NAPLES/0077580.01



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 7, 1998

MICHAEL S. WALSH MICHAEL S. WALSH, P.C. 11350 N. MERIDIAN STREET, SUITE 420 CARMEL, IN 46032

SUBJECT: MEMBER BENEFITS, INC.

Ref. Number: W98000010339

We have received your document for MEMBER BENEFITS, 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):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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 (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 998A00025293

MICHAEL S. WALSH, PROF. CORP.

11350 North Meridian Street, Suite 420 Carmel, IN 46032 (317) 575-5700 & 575-5701 Fax: (317) 575-5704

May 11, 1998

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> RE: Member Benefits, Inc. Ref. Number W98000010339

Gentlemen:

Per your request, I enclose a copy of your May 7, 1998 letter and the Application By Foreign Corporation for Authorization to Transact Business in Florida with the appropriate completion of line # 6.

Sincerely,

MICHAEL S. WALSH, P.C.

Valee Wold

Michael S. Walsh

MSW/rds

Enclosures

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. Membe	r Benefits, Inc.	- <u>-</u> <u>-</u>			:	
(Name of co	orporation; must include the wor	d "INCORPOR	ATED", "COMPAI	vy", "CORPORATIO	ON" or	
	breviations of like import in langon or partnership if not so contain			is a corporation inst	ead of a	
, <u>F</u>	F F		•			
2. India	na ·		3. 35-	2036578		
(State or cou	na intry under the law of which it is	incorporated)	F	(FEI number, if app	licable)	_
4. 1	2/18/97 (Date of incorporation)	5	perpet	ual		_
((Date of incorporation)	•	Duration: Year co	rp. will cease to exist	or "perpetual")	
6. upon	qualification					_
(Date	first transacted business in Flori	da.) (SEE SECT	TONS 607.1501, 6	07.1502 and 817.155,	, F.S.)	
7. 8041	Knue Road	· · · · · · ·				
	napolis, IN 46250					
		urrent mailing a	ddress)		→ NEC	
					AR A	7]
8i	nsurance ose(s) of corporation authorized		. T.,	-	AS TO	
(Purp	ose(s) of corporation authorized	in home state o	r country to be carr	ied out in state of Flo	orida) E P	111
9. Name and	street address of Florida re	gistered agent	: (P.O. Box or M	lail Drop Box <u>NOT</u>		U
Name	Jeffrey Cecil, Esc	<u>I • </u>			ATE RIDA	
Office Addres	s: 4501 Tamiami Trail	North, Ste	400	-		
	Naples		, Florida,	34103		
			, гюпаа,	(Zip code)		
10. Registere	ed agent's acceptance:					
Having been n	amed as registered agent and to	accept service	of process for the o	above stated corporal	tion at the place de	signated
	tion, I hereby accept the appoin e provisions of all statutes relat					
	obligations of my position as re		r unu comptete per	уогтинсе ој ту ани	es, ana 1 am jama	ur wun
_	1110	Mh	1/2-1			
		egistered agent'	s signature)	-		
		00 0 ~				
	s a certificate of existence duly a State, by the Secretary of State					

of which it is incorporated.

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) Ivan Ekhaus Chairman: Address: ___8041 Knue Road Indianapolis, IN 46250 Vice Chairman: Address: Director: Address: Director: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Ivan Ekhaus President: 8041 Knue Road Address: ___ Indianapolis, IN 46250 Vice President: Secretary: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Ivan Ekhaus, President (Typed or printed name and capacity of person signing application)

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MEMBER BENEFITS, INC.

filed Articles of Incorporation on December 18, 1997, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissellation have not been filed.

AM 9: 44



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-third day of April, 1998.

Sue anne Silvay
Sue Anne Gilroy, Secretary of State

Deputy