

F98000006615

Legacy Benefits

C o r p o r a t i o n

200002684112--0
-11/10/98-01032-005
*****78.75 *****78.75

November 6, 1998

Florida Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Attached is a check in the amount of \$78.75. This check represents the following:

- (1.) the application filing fee (e.g.\$70.00) for authorization to transact business in the state of Florida, and,
- (2.) the fee for a certificate of good standing (e.g.\$8.75).

According to information I received this morning, the approximate time frame for receiving the certificate is one week from your date of receipt.

Thank-you for your cooperation.

Sincerely,

Maryellen Burdick

Maryellen Burdick
Compliance & Licensing Administrator

Enclosures.

*Called
Joan Handbri (DOI)
Insurance Commissioner
is agent - He*

FILED
98 DEC - 4 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W98-25441

AL DEC - 4 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 10, 1998

LEGACY BENEFITS CORPORATION
ATTN: MARYELLEN BURDICK
225 WEST 34TH STREET, SUITE 1408
NEW YORK, NY 10122

SUBJECT: LEGACY BENEFITS CORPORATION
Ref. Number: W98000025441

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LEGACY BENEFITS CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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 (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 298A00054541

Legacy Benefits

C o r p o r a t i o n

November 30, 1998

Ms. Agnes Lunt
Document Specialist
Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Lunt:

Enclosed please find a copy of your letter dated November 10, 1998 regarding our pending application that was submitted for an "Authorization to Transact Business in the State of Florida" document.

As per your request, I've enclosed the original current "**Certificate of Existence**" for Legacy Benefits Corporation. Please forward our approved "Authorization to Transact Business in the State of Florida" document, at your earliest convenience.

Thank-you for your assistance with this matter

Sincerely,



Maryellen Burdick
Compliance and Licensing Administrator

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. LEGACY BENEFITS CORPORATION
(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. NEW YORK
(State or country under the law of which it is incorporated)
3. 13-363-3785
(FEI number, if applicable)
4. 10/22/1991
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. NO BUSINESS TRANSACTIONED IN FLORIDA AS OF TODAY
(Date first transactioned business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 225 WEST 34th. STREET, SUITE 1408
NEW YORK, NY 10122
(Current mailing address)
8. VIATICAL SETTLEMENT
(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: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(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.

Insurance Commissioner
(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.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: MEIR ELIAV

Address: 30 WHITMAN ROAD
GREAT NECK, NY 11023

Vice President: CAROL REGLER

Address: 140 CORNWELL AVENUE
WILLINSTON PARK, NY 11596

Secretary: WILLIAM ZYSBLAT

Address: 110 WEST 57TH. STREET
NEW YORK, NY 10019

Treasurer: _____

Address: _____

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

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

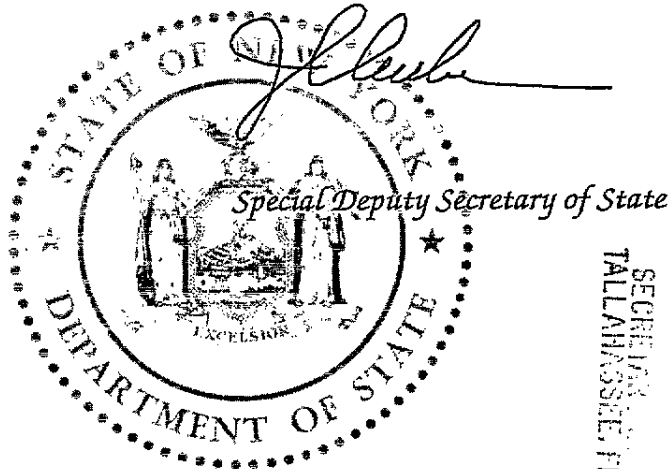
14. MEIR ELIAV - PRESIDENT
(Typed or printed name and capacity of person signing application)

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SIGNATURE STATE
TALLAHASSEE, FLORIDA

**State of New York } ss:
Department of State**

I hereby certify, that the certificate of incorporation of LEGACY BENEFITS CORPORATION was filed on 10/22/1991, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of November
one thousand nine hundred and
ninety-eight.*



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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