F9800006653

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: EMPLOYER BENEFIT SERVICES OF OHIO, 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:

VAN A. WORKMAN	900002688549
(Name of Person)	900002688549 -11/16/9801118002 ******78.75 ******78.7
EMPLOYER BENEFIT SERVICES OF OHIO, INC.	w98-25800
(Firm/Company)	
2242 STUMBO ROAD	
(Address)	
MANSFIELD, OH 44906	SECRI DIVISION 98 DEC
(City/State/Zip)	DEC ~8
Should you need to call someone concerning this matter, please call:	TED STA
VAN A. WORKMAN at (419) 529-2711	55 TIONS
(Name of Person) (Area Code & Daytime Tel	ephone 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 12/8



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 17, 1998

VAN A. WORKMAN EMPLOYER BENEFIT SERVICES OF OHIO, INC. 2242 STUMBO ROAD MANSFIELD, OH 44906

SUBJECT: EMPLOYER BENEFIT SERVICES OF OHIO, INC.

Ref. Number: W98000025800

We have received your document for EMPLOYER BENEFIT SERVICES OF OHIO, INC. 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) 487-6097.

Michael Mays Document Specialist

Letter Number: 498A00055151

SECRETARY OF STATE

PHONE NO. Jun. 03 1998 02:57PM P3

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 AFOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		PH10.	3.		34-1696604		-
ate or o	country under the law	•	porated) PERPETU	• .	umber, if applica	ible)	
(D:	ate of Incorporation)				rp. will cease to	wist or "perpetu	a17)
	TING LICENSING				nd 817.155, F.S.)		98.00
	2242 ST	UMBO ROAD					3-05
		LD, OH 44906					
	a karangan	Current mailing add	(ress) ·老法 14 <i>李</i> 孫	er er i	in the state of the state of	Artele gewenn In Middle de de	့္တာ့တ္ ့
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(Purp	ose(s) of corporation	authorized in home	state or cou	υάλ έα σε	i Cattled Ontill a	ie state of motor	at
Nam	e and street ad	dress of Florida	registere	d agent	t:		
	Name:	ChRISTOP	HEZ A	<u> </u>	AZTKUS, C		
	Office Address:	615 Ss. A	Mesosai	A	uc SteF	· ,	
	1	Clearwat			, Florida	33756	
	•	1 www.			, FIUITO	(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.

(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: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: _____VAN A. WORKMAN Address: 2242 STUMBO ROAD MANSFIELD. OH 44906 Vice Chairman: Address: Director: _ Address: Director: _ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: _____ VAN A. WORKMAN Address: 2242 STUMBO ROAD MANSFIELD, OH 44906 Vice President: FRANK V. FLAUGHER, JR. Address: - 2242 STUMBO ROAD MANSFIELD, OH 44906 Secretary: ____MICHELLE L. DINSMORE Address: 2242 STUMBO ROAD MANSFIELD, OH 44906 Treasurer: MICHELLE L. DINSMORE Address: 2242 STUMBO ROAD MANSFIELD, OH 44906 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) 14. _____MICHELLE L DINSMORE SECRETARY/TREASURER

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show EMPLOYER BENEFIT SERVICES OF OHIO, INC., an Ohio corporation, Charter No. 835510, having its principal location in Mansfield, County of Richland, was incorporated on January 7, 1993 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at Columbus, Ohio on October 19, 1998

SECRETARY OF STATE DIVISION OF COMPORATION

Bob Taft Secretary of State