

F990000004155

Document Number Only

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

100002957931--4  
-08/12/99--01044--022  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Broken Benefit Consultants Business Services, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG 12 PM 12:20

FILED

8/12

- ☒ Profit  
☐ NonProfit  
☐ Amendment  
☐ Merge  
☒ Foreign  
☐ Dissolution/Withdrawal  
☐ Mark  
☐ LLC  
☐ Limited Partnership  
☐ Annual Report  
☐ Other UCC Filing  
☐ Reinstatement  
☐ Reservation  
☐ Change of R.A.  
☐ Certified Copy  
☐ Photo Copies  
☐ CUS  
☐ Call When Ready  
☐ Call if Problem  
☐ After 4:30  
☒ Walk In  
☐ Will Wait  
☒ Pick Up  
☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copies  
File Stamped To:

Jeffrey Butterfield

# 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. Broker Benefit Consultants Business Services, 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. Ohio  
(State or country under the law of which it is incorporated)
3. 34-1899579  
(FEI number, if applicable)
4. June 1, 1999  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. July 30, 1999  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 904 North Orange Avenue, Orlando, Florida 32801

(Current mailing address)  
Worksite and benefit communication and enrollment firm.

8. \_\_\_\_\_  
(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:** (P.O. Box or Mail Drop Box acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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)

JOYCE A. GILBERT  
ASSISTANT SECRETARY

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.

FILED  
99 AUG 12 PM 12:20  
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: Keith W. Reeves

Address: 6480 Rockside Woods Blvd., Suite 330, Cleveland, Ohio 44131

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

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

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

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

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

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

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

President: Keith W. Reeves

Address: 6480 Rockside Woods Blvd., Suite 330, Cleveland, Ohio 44131

Vice President: Jerome P. Grisko, Jr.

Address: SAME

Secretary: Barbara A. Rutigliano

Address: SAME

Treasurer: Jocelyn A. Bradford

Address: SAME

99 AUG 12 PM 12:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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. Keith W. Reeves, President and Chairman

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

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

}

*I, J. Kenneth Blackwell, 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 BROKER BENEFIT CONSULTANTS BUSINESS SERVICES, INC., an Ohio corporation, Charter No. 1080054, having its principal location in Cleveland, County of Cuyahoga, was incorporated on June 1, 1999 and is currently in GOOD STANDING upon the records of this office.*

*WITNESS my hand and official seal*

*at Columbus, Ohio on*

*August 10, 1999*



*J. Kenneth Blackwell*

J. Kenneth Blackwell  
Secretary of State

99 AUG 12 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED