00855-001247-029413

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	LC

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M. HODGES

TRANSMITTAL LETTER

Registration Section

Division of Corporations

STREET ADDRESS: Registration Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Enclosed is a check for the following amount:

TO:

SUBJECT: IDR Benefits LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
James R. Crowley (Name of Person)
Integrated Disability Resources I.c. (Firm/Company)
320 W. Newberry Rd.
(Address)
Bloom Field CT O6002 (City/State and Zip Code)
/ (City/State and Zip Code)
For further information concerning this matter, please call:
James R. Crowley at (860) 616-4050 (Name of Person) (Area Code & Daytime Telephone Number)

\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Bigcup \$155.00 Filing Fee & Bigcup \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

MAILING ADDRESS:

Tallahassee, Florida 32314

Registration Section Division of Corporations

P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 6, 2005

JAMES R. CROWLEY INTEGRATED DISABILITY RESOURCES, INC. 320 W. NEWBERRY RD. BLOOMFIELD, CT 06002

SUBJECT: IDR BENEFITS, LLC Ref. Number: W05000032543

We have received your document for IDR BENEFITS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, 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 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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 505A00044920

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Benefits LLC (Name of Foreign Limited Liability Company) Nevada (Jurisdiction under the law of which foreign limited liability (Duration: Year limited liability company will cease to business transact (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here [X] 9. The name and usual business addresses of the managing members or managers are as follows: IDR LLC 320 W. Newberry Rd. Bloomfield 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Sales a Manke King Signature 6% a monther of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2.	The name and the Florida street address of the registered agent and office are:
	Corporation Service Company
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallaherran # 31301

1. The name of the Limited Liability Company is:

Benefits LLC

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IDR BENEFITS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 1, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 18, 2005.

DEAN HELLER Secretary of State

Gerification Clerk

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