

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2018

DON MACKANOS
4300 S BEACH PKWY, UNIT 1213
JACKSONVILLE, FL 32250 US

SUBJECT: ALLIANCE BENEFIT GROUP, LLC
Ref. Number: W18000053170

We have received your document for ALLIANCE BENEFIT GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$777.50.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 318A00011887

RECEIVED
2018 JUL 17 AM 10:59
DIVISION OF CORPORATIONS
ALLIANCE BENEFIT GROUP, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Benefit Group, 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:

Don Mackanos

Name of Person

Alliance Benefit Group, LLC

Firm/Company

4300 S. Beach Pkwy, Unit 1213

Address

Jacksonville, FL 32250

City/State and Zip Code

don.mackanos@abgnational.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Mackanos

904

610-4058

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alliance Benefit Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 3. 37-1414135
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2016
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4300 S. Beach Pkwy, Unit 1213 6. _____
(Street Address of Principal Office) (Mailing Address)
Jacksonville, FL 32250

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Don Mackanos

Office Address: 4300 S. Beach Pkwy, Unit 1213

Jacksonville , Florida 32250
(City) (Zip code)

Registered agent's acceptance:

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 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)

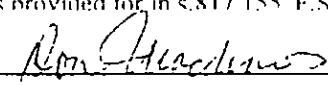
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>John D. Blossom Jr.</u> <u>456 Fulton St., Ste. 345</u> <u>Peoria, IL 61602</u>	<u>Manager</u>	<u>Lawrence B. Raymond</u> <u>30100 Telegraph Rd., Ste. 170</u> <u>Bingham Farms, MI 48025</u>
<u>Manager</u>	<u>Tom Seitz</u> <u>2133 Luray Ave.</u> <u>Cincinnati, OH 45206</u>	<u>Please See Attached</u>	_____ _____ _____

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Don Mackanos

Typed or printed name of signee

Qualification of Foreign LLC
8. Manager Listing Continued

Title or Capacity	Name and Address
Manager	Samuel Mitchell 100 Quannapowitt Pkwy #300 Wakefield, MA 01880-1319
Manager	Carol M. Cochran 7425 Jefferson St. NE Albuquerque, NM 87109
Manager	Reagan Pettey 7425 Hollister Rd. Houston, TX 77040-5321
Manager	Larry Solomon 3200 S. 7 th , East Salt Lake City, UT 84106

FILED
18 JUL 17 PM 4:27
CLERK OF COURT
SALT LAKE COUNTY
SALT LAKE CITY, UT

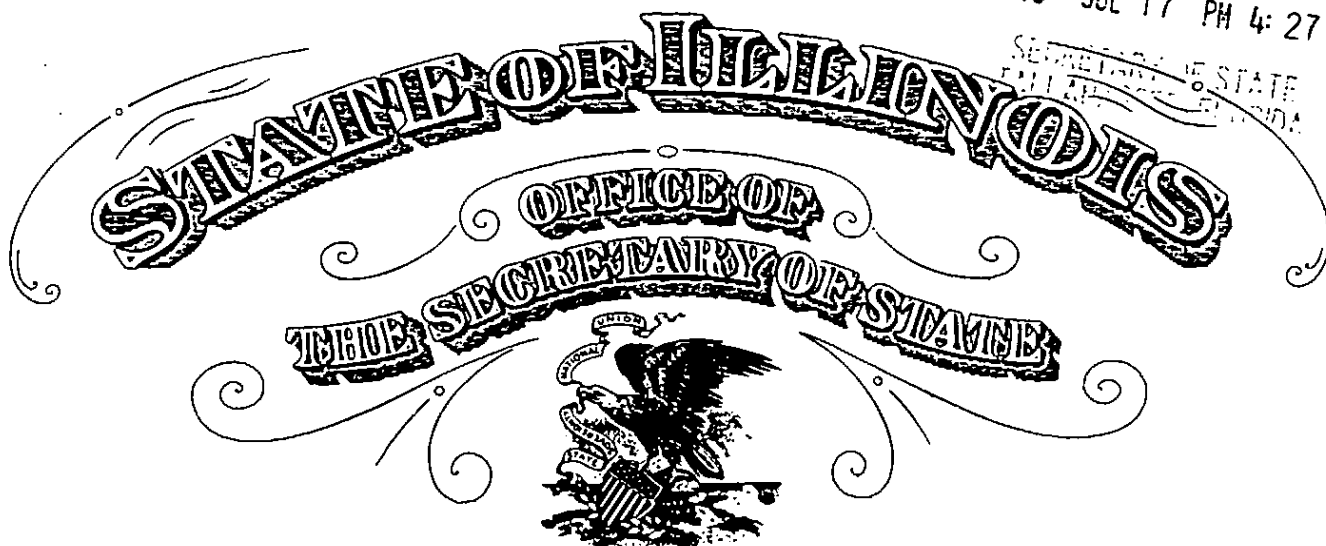
File Number

0060882-3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALLIANCE BENEFIT GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 01, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of MAY A.D. 2018 .***

Jesse White

SECRETARY OF STATE