

NI9000009290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

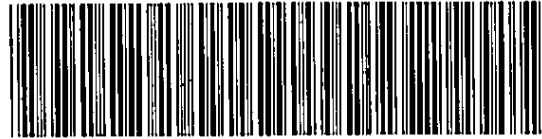
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECORDS SECTION
TALLAHASSEE, FLORIDA

2019 SEP 16 PM 4:12

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SEP 26 2019





Custom Benefits USA, LLC
Medicare, Group & Individual Health Insurance, Life Benefits

September 13, 2019

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

FILED
2019 SEP 16 PM 4:12
TALLAHASSEE, FLORIDA

Dear Sir:

Please see attached the application to file my business in Florida. I have attached the application along with the Certificate of Status from Pennsylvania and a check in the amount of \$125.00.

If you need any additional information, please feel free to contact me.

Thank you.

Tracey Pal Izzi, REBC®

Senior Insurance Benefits Consultant

Certified Health Reform Specialist

Phone: 570-221-6868

Cell: 570-856-0552

Fax: 570-664-8389

237 Woods Crossing
Saylorsburg, PA 18353
Phone (570) 221-6868, Fax (570) 664-8389
Email: tpalizzi@custombenefitsusa.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUSTOM BENEFITS USA 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:

TRACEY PAL IZZI	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">2019 SEP 16 PM 4:12 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA</div>
Name of Person	
CUSTOM BENEFITS USA LLC	
Firm/Company	
6227 SEA AIR DRIVE	
Address	
APOLLO BEACH, FLORIDA 33572	
City/State and Zip Code	
tpalizzi@custombenefitsusa.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

TRACEY PAL IZZI	570	221-6868
Name of Contact Person	at (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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. CUSTOM BENEFITS USA 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. LIFE, HEALTH INSURANCE AGENT - PA 3. 47-2209496
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/13/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6227 SEA AIR DRIVE 6. 6227 SEA AIR DRIVE
(Street Address of Principal Office) (Mailing Address)

APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572

*RECEIVED
TALAMON
SEP 16 PM 4:12
STATE OF FLORIDA*

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

Name: TRACEY PAL IZZI

Office Address: 6227 SEA AIR DRIVE

APOLLO BEACH 35572
(City) Florida (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.

Tracey Pal Izzi
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: TRACEY PAL IZZI

☐ Member Address: 6227 SEA AIR DRIVE

☐ Authorized APOLLO BEACH, FL 33572

Person OWNER

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Tracey Pal Izzi

Signature of an authorized person

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/13/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CUSTOM BENEFITS USA LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
2019 SEP 16 PM 4:12
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190913100488-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>