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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

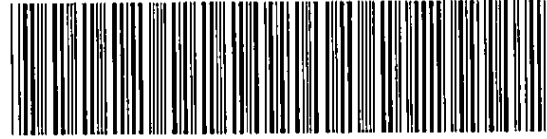
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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20 JAN 31 AM 11:03

2020 JAN 31 AM 9:15

FEB 20 2020

M. SOLOMON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 159038 8058590

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : January 31, 2020

ORDER TIME : 2:01 PM

ORDER NO. : 159038-005

CUSTOMER NO: 8058590

FOREIGN FILINGS

NAME: BENECARD SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Benecard Services, 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:

Maria Minelli

Name of Person

Benecard Services, Inc.

Firm/Company

3131 Princeton Pike, Bldg. 2B, Ste. 103

Address

Lawrenceville, NJ 08648

City/State and Zip Code

licensing@benecard.com

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

For further information concerning this matter, please call:

Maria Minelli

609

219-0400 x5059

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Benecard Services, 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. Delaware 3. 61-1728283  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3131 Princeton Pike 6. 3131 Princeton Pike  
(Street Address of Principal Office) (Mailing Address)

Building 2B, Suite 103 Building 2B, Suite 103

Lawrenceville, NJ 08648 Lawrenceville, NJ 08648

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

Kadesha Roberson  
Asst. Vice President

2020 JAN 31 AM 9:15  
CLERK OF SUPERIOR COURT  
JAN 31 2020

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: Benecard Holdings, Inc.

☒ Member Address: 1200 Rt. 46 West

☐ Authorized Clifton, NJ 07013

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Richard A. Ullman

☐ Member Address: 1200 Rt. 46 West

☐ Authorized Clifton, NJ 07013

Person \_\_\_\_\_

☒ Other Vice Chairman ☐ Other \_\_\_\_\_

☐ Manager Name: Steven N. Nicoletos

☐ Member Address: 1200 Rt. 46 West

☐ Authorized Clifton, NJ 07013

Person \_\_\_\_\_

☒ Other Director, Executive ☐ Other \_\_\_\_\_

Vice President, Secretary,  
Assistant Treasurer

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

☐ Manager Name: Kenneth D. Ullman

☐ Member Address: 26501 S. Tamiami Trail

☐ Authorized Bonita Springs, FL 34134

Person \_\_\_\_\_

☒ Other Chairman ☐ Other \_\_\_\_\_

☐ Manager Name: Jennifer A. Royall

☐ Member Address: 26501 S. Tamiami Trail

☐ Authorized Bonita Springs, FL 34134

Person \_\_\_\_\_

☒ Other Director ☐ Other \_\_\_\_\_

☐ Manager Name: David S. Karlin

☐ Member Address: 1200 Rt. 46 West

☐ Authorized Clifton, NJ 07013

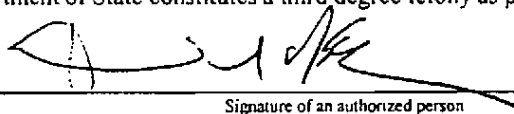
Person \_\_\_\_\_

☒ Other Director, President ☐ 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.



Signature of an authorized person

David Karlin, President

Typed or printed name of signer

8 (continued)

**Title or Capacity:**

**Name and Address:**

☐ Manager Name: Donald Schell

☐ Member Address: 5040 Ritter Road

☐ Authorized Mechanicsburg, PA 17055

Person \_\_\_\_\_

☒ Other Director ☐ Other \_\_\_\_\_

**Title or Capacity:**

**Name and Address:**

☐ Manager Name: Richard B. Terranova

☐ Member Address: 1200 Rt. 46 West

☐ Authorized Clifton, NJ 07013

Person \_\_\_\_\_

☒ Other Treasurer, ☐ Other \_\_\_\_\_  
Asst. Secretary,  
CFO, Controller

2020 JAN 31 AM 9:15  
CLERK OF SUPERIOR COURT  
JAN 31 2020

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BENECARD SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BENECARD SERVICES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

5457019 8300

SR# 20200712117

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202298589

Date: 01-31-20

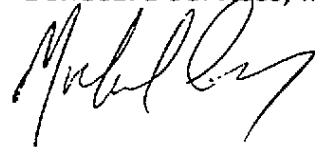
## Consent to Use Name

I am the president of Benecard Services, Inc. a New Jersey Corporation, and execute this consent to allow Benecard Services, LLC a Delaware limited liability company, to qualify to do business in Florida under the name "Benecard Services, LLC".

01/29/2020

Benecard Services, Inc.

By:



2020 JAN 31 AM 9:15  
10.15.15  
10.15.15





# RESUBMIT

Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2020

CSC

SUBJECT: BENECARD SERVICES, LLC  
Ref. Number: W20000011062

We have received your document for BENECARD SERVICES, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$1471.25.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1471.25. Also, please type the person's name who is signing the name consent letter..

Also, please type the person's name who is signing the name consent letter.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 220A00002469