

P11000042444

(Requestor's Name)



Mr. John Carlson  
4903 64th Dr. W.  
Bradenton, FL 34210

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

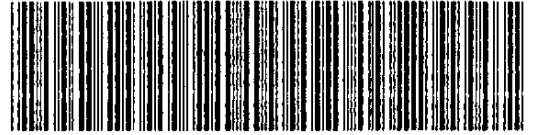
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200197661932

03/16/11--01018--018 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -2 PM 3:47

FILED

✓ 05/03/11

W11-1542

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Benefit Intelligence Insurance Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: John A. Carlson  
Name (Printed or typed)

1990 Main St., Suite 750  
Address

Sarasota, Fl. 34236  
City, State & Zip

(818)359-0887 cell (818)360-2479 office  
Daytime Telephone number

johnncarlson@benefit-intelligence.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

**RECEIVED**

**11 APR 19 AM 11:50**

**DIVISION OF CORPORATIONS**

April 6, 2011

**JOHN A. CARLSON**  
**4903 64TH DRIVE W.**  
**BRADENTON, FL 34210**

**SUBJECT: BENEFIT INTELLIGENCE INSURANCE SERVICES, INC.**  
**Ref. Number: W11000015842**

We have received your document for BENEFIT INTELLIGENCE INSURANCE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6949.

**Thomas Chang**  
**Regulatory Specialist II**  
**New Filing Section**

**Letter Number: 511A00006740**

[www.sunbiz.org](http://www.sunbiz.org)

**Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2011

RECEIVED MAY 2 2011

JOHN A. CARLSON  
4903 64TH DRIVE W.  
BRADENTON, FL 34210

SUBJECT: BENEFIT INTELLIGENCE INSURANCE SERVICES, INC.  
Ref. Number: W11000015842

We have received your document for BENEFIT INTELLIGENCE INSURANCE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00006740

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Benefit Intelligence Insurance Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1990 Main St., Suite 750  
Sarasota, FL 34236

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 999

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John A. Carlson, President  
Address: 1990 Main St., Suite 750  
Sarasota, FL 34236

Name and Title: Tawnya Carlson, Treasurer  
Address: 1990 Main St., Suite 750  
Sarasota, FL 34236

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John A. Carlson, Benefit Intelligence  
Address: 1990 Main St., Suite 750  
Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John A. Carlson, Benefit Intelligence  
Address: 1990 Main St., Suite 750  
Sarasota, FL 34236

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -2 PM 3:47

FILED

4/11/2011

4/11/2011