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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

BHH Benefits USA, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

16 APR 20 PM 12:03

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: BHH Benefits USA, 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: Ron Hansell

Name (Printed or typed)

740 North Collier Blvd., Condo 402

Address

Marco Island, Florida 34145

City, State & Zip

905-643-1017

Daytime Telephone number

r.hansell@bhhbenefits.com

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

16 APR 20 PM 12:03

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TALLAHASSEE, FLORIDA

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

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: BHH Benefits USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

740 North Collier Blvd., Condo 402

Marco Island, Florida 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to work with American companies and their Canadian subsidiaries
with regard to retirement and pension plan rules and governance; and any and all lawful business in compliance with F.S.

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ron Hansell, Director

Address: 740 North Collier Blvd., Condo 402
Marco Island, Florida 34145

Name and Title: Ron Hansell, President

Address: 740 North Collier Blvd., Condo 402
Marco Island, Florida 34145

Name and Title: Ron Hansell, Secretary

Address: 740 North Collier Blvd., Condo 402
Marco Island, Florida 34145

Name and Title: Ron Hansell, Treasurer

Address: 740 North Collier Blvd., Condo 402
Marco Island, Florida 34145

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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16 APR 20 PM 12:03
TALLAHASSEE, FLORIDA

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Ron Hansell

Address: 740 North Collier Blvd., Condo 402

Marco Island, Florida 34145

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Courtney L. Scanlon

Address: 140 Pearl Street Suite 100

Buffalo, NY 14202

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

By: _____

Required Signature/Registered Agent

04/20/2016

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 § 817.155, F.S.

Required Signature/Incorporator

04/20/2016

Date