

P16000037031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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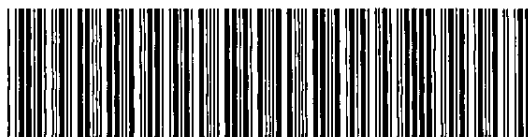
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Butler APR 27 2016

**COVER LETTER**

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

**SUBJECT: BENEFIT PLAN PROS., INC.**

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status \$ 8.75

**J STEVEN MILLER**

Name (printed or typed)

**4595 SE PILOT AVENUE**

Address

**STUART, FLORIDA 34997**

City, State & Zip

**603-621-4015**

Daytime Telephone Number

**SMILLER@BENPROS.COM**

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

**CERTIFICATE OF DOMESTICATION**

The undersigned, J STEVEN MILLER, PRESIDENT  
(Name) (Title)

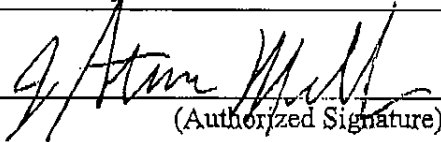
of BENEFIT PLAN PROS., INC. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was DECEMBER 1, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW HAMPSHIRE.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was BENEFIT PLAN PROS., INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is BENEFIT PLAN PROS., INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW HAMPSHIRE.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Benefit Plan Pros., Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 9th day of February, 2016.

  
(Authorized Signature)

**Filing Fee:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

COVER LETTER

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

SUBJECT: BENEFIT PLAN PROS., 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

FROM: J STEVEN MILLER  
Name (Printed or typed)  
4595 SE PILOT AVENUE  
Address  
STUART, FLORIDA 34997  
City, State & Zip  
603-621-4015  
Daytime Telephone number  
SMILLER@BENPROS.COM  
E-mail address: (to be used for future annual report notification)

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 BENEFIT PLAN PROS., INC.  
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address  
4595 SE PILOT AVENUE  
STUART, FLORIDA 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE THIRD PARTY ADMINISTRATION SERVICES TO  
QUALIFIED RETIREMENT PLANS

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J STEVERN MILLER, PRESIDENT

Address: 4595 SE PILOT AVENUE  
STUART, FLORIDA 34997

Name and Title: JEANNETTE S. MILLER, VICE PRES

Address: 4595 SE PILOT AVENUE  
STUART, FLORIDA 34997

Name and Title: J STEVEN MILLER, TREASURER

Address: 4595 SE PILOT AVENUE  
STUART, FLORIDA 34997

Name and Title: JEANNETTE S. MILLER, SECRETARY

Address: 4595 SE PILOT AVENUE  
STUART, FLORIDA 34997

Name and Title:

Address:

Name and Title:

Address:

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: J STEVEN MILLER  
Address: 4595 PILOT AVENUE  
STUART, FLORIDA 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: J STEVEN MILLER  
Address: 4595 PILOT AVENUE  
STUART, FLORIDA 34997

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

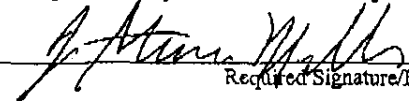
**ARTICLE VIII EFFECTIVE DATE:**

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.

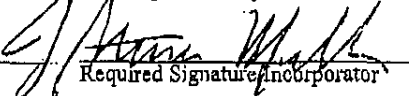
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

02/09/2016

\_\_\_\_\_  
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 s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

02/09/2016

\_\_\_\_\_  
Date