

PI6000089476

(Requestor's Name)

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(City/State/Zip/Phone #)

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2016 NOV - 3 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING

NOV - 8 2016

COVER LETTER

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

SUBJECT: DOMESTICATION FILING FOR FINANCIAL BENEFITS, 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

FINANCIAL BENEFITS, INC.
Name (printed or typed)

5060 CREEKSIDE TRAIL
Address

SARASOTA, FL 34243
City, State & Zip

847- 772-0333
Daytime Telephone Number

JIM BHERWOOD@YAHOO.COM
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, JAMES B. ISHERWOOD PRESIDENT,
(Name) (Title)

of FINANCIAL BENEFITS, 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 FEBRUARY 7, 1985.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was COOK COUNTY, ILLINOIS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was FINANCIAL BENEFITS, 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 FINANCIAL BENEFITS, 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 161 PALMER PLACE LAKE GENEVA, WI 53147.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of FINANCIAL BENEFITS, INC
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 31ST day of OCTOBER 2016


(Authorized Signature)

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TALLAHASSEE, FLORIDA

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

FINANCIAL BENEFITS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

5060 CREEKSIDE TRAIL
SARASOTA, FL. 34243

5060 CREEKSIDE TRAIL
SARASOTA, FL. 34243

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO SELL AND SERVICE HEALTH,
ANNUITY AND LIFE INSURANCE TO
INDIVIDUALS AND BUSINESSES.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Title/Name

JAMES B ISHERWOOD PRESIDENT
5060 CREEKSIDE TRAIL
SARASOTA , FL - 34243

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

JAMES B ISHERWOOD
5060 CREEKSIDE TRAIL
SARASOTA, FL 34243

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

JAMES B ISHERWOOD
5060 CREEKSIDE TRAIL
SARASOTA, FL 34243

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

James B. Isherwood
Signature/Registered Agent

10/31/2016
Date

James B. Isherwood
Signature/Incorporator

10/31/2016
Date

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