# P17000020577

(Requestor's Name)	
(Address)	
(Address)	
(City/Chate 77 in (Diagrap 4)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





400295784794

03/08/17--01039--023 \*\*128.75

17 HAR -6 AH 9: 12

× 03/09/17

#### **COVER LETTER**

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

**SUBJECT:** Certificate of Domestication

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

Cheryl A. Reuter EA

Name (printed or typed)

PO Box 495753

Address

Port Charlotte FL 33949-5753

City, State & Zip

941-255-5552

Daytime Telephone Number

Cheryl@reuteraccountingtax.net

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

### CERTIFICATE OF DOMESTICATION

The undersigned, Mark D. Mousty	<sub>.</sub> President
(Name)	(Title)
of Benefits Corporation of Indiana, Inc.	a foreign corporatio
(Corporation Name) n accordance with s. 607.1801, Florida Statutes, does h	nereby certify:
. The date on which corporation was first formed was	, <u>May 15,</u> , <u>1995</u>
2. The jurisdiction where the above named corporation came into being was the State of Indiana	n was first formed, incorporated, or otherwis
3. The name of the corporation immediately prior to the was Benefits Corporation of Indiana Inc.	ne filing of this Certificate of Domestication
4. The name of the corporation, as set forth in its article	les of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is	Excel Benefits Group, Inc.
5. The jurisdiction that constituted the seat, siege social administration of the corporation, or any other equivimmediately before the filing of the Certificate of D 1461 Henning Street, North Port, FL 34288	valent jurisdiction under applicable law,
<ol> <li>Attached are Florida articles of incorporation to con to s. 607.1801.</li> </ol>	mplete the domestication requirements pursu
am President , of Benefits Corporation	n of Indiana Inc.
and am authorized to sign this Certificate of Domesticati	tion on behalf of the corporation and have d
so this the 1st day of March	<u>, 2017</u>
Mark Moli	isty Pres.
(Authorized Sig	ignature)

Filing Fee:

Certificate of Domestication Articles of Incorporation and Certified Copy Total to domesticate and file

\$ 50.00 <u>\$ 78.75</u> \$128.75

17 MAR -6 AM 9: 12

## Articles of Incorporation For Excel Benefits Group, Inc.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation.

#### ARTICLE I

The name of the corporation is: Excel Benefit's Group, Inc.

#### ARTICLE II

The Principal place of business address: 1461 Henning Street North Port, FL 34288

The Mailing address of the corporation is: 1461 Henning Street North Port, FL 34288

#### ARTICLE III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV

The number of shares the corporation is authorized to issue is: 1,000

#### **ARTICLE V**

The initial officer and or director of the corporation is:

Title: President
Mark D. Mousty
1461 Henning Street
North Port, FL 34288

IT MAR -6 AM 9: 12

Title: Secretary Rachelle A. Mousty 1461 Henning Street North Port, FL 34288

#### **ARTICLES VI**

The name and Florida Street address of the registered agent is:

Mark D. Mousty 1461 Henning Street North Port, FL 34288

#### **ARTICLE VII**

The name and address of the incorporator is:

Mark D. Mousty 1461 Henning Street North Port, FL 34288

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 Agentyand agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

Date

Date

HAR -6 AM 9: