

P17000036057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

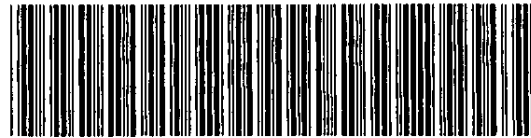
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE - FLORIDA

APR 21 2017  
T SCHROEDER

## COVER LETTER

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

SUBJECT: DOMESTICATE CORPORATION IN FLORIDA

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
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LEONARD WIERZBA  
Name (printed or typed)

Suite 1B 870 BALD EAGLE DRIVE  
Address

MARCO ISLAND FLORIDA 34145  
City, State & Zip

949 923 7759  
Daytime Telephone Number

LWIERZBA@BENCORP.COM  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, LEONARD WIERZBA, PRESIDENT,  
(Name) (Title)

of BENEFIT PLAN SYSTEMS CORPORATION 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 APRIL 11, 1986.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was CALIFORNIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was BENEFIT PLAN SYSTEMS CORPORATION.
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 SYSTEMS CORPORATION.
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 CALIFORNIA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of BENEFIT PLAN SYSTEMS CORPORATION

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 1ST day of APRIL, 2017.

Leonard Wierzba

(Authorized Signature)

### Filing Fee:

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

\$ 50.00  
\$ 78.75  
\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

BENEFIT PLAN SYSTEMS CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

Suite 1B

Suite 1B

870 BALD EAGLE DRIVE

870 BALD EAGLE DRIVE

MARCO ISLAND FL 34145

MARCO ISLAND FL 34145

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE  
IN THE DEVELOPMENT, MARKETING AND SUPPORT  
OF COMPUTER SOFTWARE

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 500,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Title/Name

PRESIDENT LEONARD WIERZBA

SECRETARY GEORGETTE WIERZBA

CHIEF EXECUTIVE OFFICER LEONARD WIERZBA

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LEONARA WIERZBA

Suite 1B 870 BALD EAGLE DRIVE

MARCO ISLAND FL 34145

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

LEONARD WIERZBA

Suite 1B 870 BALD EAGLE DRIVE

MARCO ISLAND FL 34145

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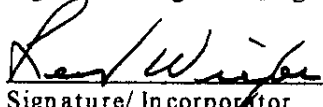
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/ Registered Agent

4-1-2017

Date



Signature/ Incorporator

4-1-2017

Date

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TALLAHASSEE, FLORIDA