

P210 00048620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

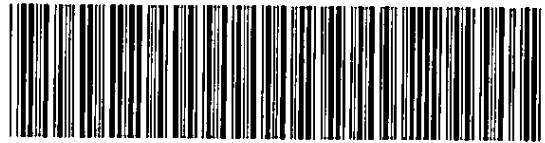
(Business Entity Name)

(Document Number)

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

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02/02/21--01011--012 \*\*105.00

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21 MAR 15 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
MAY 22 2021

W21-31387



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2021

BARRY M. MURPHY  
PERSPECTIVE BENEFITS CONSULTING, INC.  
3811 SABA CT.  
PUNTA GORDA, FL 33950

SUBJECT: PERSPECTIVE BENEFITS CONSULTING, INC.  
Ref. Number: W21000031387

We have received your document for PERSPECTIVE BENEFITS CONSULTING, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

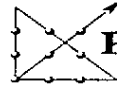
If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 921A00004813

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2021 MAR 15 PM 1:06  
DIVISION OF CORPORATIONS  
REGULATORY SERVICES

PERSPECTIVE BENEFITS CONSULTING, INC.,



**Perspective Benefits**  
CONSULTING

Barry M. Murphy, CLU, ChFC  
(678)-575-6606  
[bmmurphy@mindspring.com](mailto:bmmurphy@mindspring.com)

March 11, 2021

Daniel O'Keefe  
Regulatory Specialist II

Florida Department of State  
Division of Corporations

Re: Perspective Benefits Consulting, Inc.  
Ref. Number W21000031387

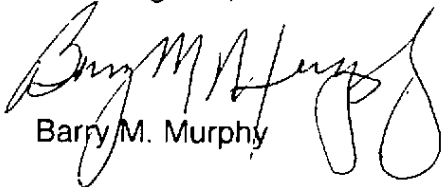
Dear Mr. O'Keefe,

I have complied with your request to add a signature to my application for conversion of my Georgia Corporation to a Florida Corporation. The updated request is attached.

Please note that the area where a signature was requested was identified as being for "Converting Florida partnerships, limited partnerships and limited liability companies". Please note that my S-Corporation is none of these types of entities which is why I did not sign in this section on my original submission.

Thank you in advance for expediting my request for updated Florida status.

Best Regards,

  
Barry M. Murphy

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21 MAR 15 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Perspective Benefits Consulting, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Barry M. Murphy

Contact Person

Perspective Benefits Consulting, Inc.

Firm/Company

3811 Saba Ct.

Address

Punta Gorda, Florida 33950

City, State and Zip Code

bmmurphy@mindspring.com

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

For further information concerning this matter, please call:

Barry M. Murphy

at ( 678 ) 575-6606

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees.  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Perspective Benefits Consulting, Inc.

Enter Name of the Converting Entity

2. The converting entity is a S - Corporation  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Georgia  
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/8/2005  
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Perspective Benefits Consulting, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.

**(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)**

**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.

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Signed this 28th day of January, 20 21.

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Barry M. Murphy, CEO  
Printed Name: Barry M. Murphy Title: CEO

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: Barry M. Murphy X  
Printed Name: Barry M. Murphy Title: CEO X

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Perspective Benefits Consulting, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
3811 Saba Ct.

Mailing address, if different is:

Punta Gorda Florida, 33950

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Perspective Benefits Consulting, Inc. will operate as a licensed Life and Health Agency

**ARTICLE IV    SHARES**

The number of shares of stock is: 500

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Barry M. Murphy, CEO

Name and Title: \_\_\_\_\_

Address: 3811 Saba Ct.

Address: \_\_\_\_\_

Punta Gorda, FL 33950

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Barry M. Murphy  
Address: 3811 Saba Ct.  
Punta Gorda, FL 33950

\*\*\*\*\*

*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

1/28/2021  
Date

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21 MAR 15 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**—PERSPECTIVE BENEFITS CONSULTING, INC.**

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20113084  
Date Inc/Auth/Filed: 11/08/2005  
Jurisdiction : Georgia  
Print Date : 01/28/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State