

P9500060418

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300001558208
-08/04/95--0131--019
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. USA Benefits Group, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	AMENDMENTS
<input checked="" type="checkbox"/> Profit	Amendment
<input type="checkbox"/> NonProfit	Resignation of R.A., Officer/Director
<input type="checkbox"/> Limited Liability	Change of Registered Agent
<input type="checkbox"/> Domestication	Dissolution/Withdrawal
<input type="checkbox"/> Other	Merger

OTHER FILINGS	REGISTRATION/ QUALIFICATION
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Foreign
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Name Reservation	<input type="checkbox"/> Reinstatement
	<input type="checkbox"/> Trademark
	<input type="checkbox"/> Other

Q. BROWN AUG - 4 1995

Examiner's Initials

ARTICLES OF INCORPORATION

OF

USA BENEFITS GROUP, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: The name of the corporation shall be USA BENEFITS GROUP, INC.


ARTICLE II: The principal place of business and mailing address of this corporation shall be c/o Risk Retention Management, Inc., 2033 Wood Street, Suite 200, Sarasota, Florida 34237.

ARTICLE III: The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 with a par value of \$1.00.

ARTICLE IV: The name and address of the initial registered agent is Kelly Byers, c/o Risk Retention Management, Inc., 2033 Wood St., Suite 200, Sarasota, Florida 34237.

ARTICLE V: The name and street address of the incorporator to these Articles of Incorporation is Fran Wagner, c/o National Corporate Research, Ltd., 225 West 34th Street, New York, New York 10122.

The undersigned incorporator has executed these Articles of Incorporation this 1st day of August, 1995.


Fran Wagner, Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: USA BENEFITS GROUP, INC.

2. The name and address of the registered agent and office is:

Kelly Byers, c/o Risk Retention Management
(NAME)

2033 Wood Street, Suite 200
(P.O. BOX NOT ACCEPTABLE)

Sarasota, Florida 34237
(CITY/STATE/ZIP)

SIGNATURE

Kelly D. Byers
(corporate officer)

TITLE

Secretary

DATE

8/3/95

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Kelly D. Byers

DATE

8/3/95

**FOR
REINSTATEMENT**



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060418

1. Corporation Name

USA Benefits Group, Inc.

Principal Place of Business

Mailing Address

515 East Las Olas Boulevard, Suite 950
Ft. Lauderdale, FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

B. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc. #340

City & State

City & State Ft. Lauderdale, FL

Zip

Country

Zip 33316

Country USA

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida

8/4/95

5. FEI Number
65-0609711

Applied For

Not Applicable

CERTIFICATE OF STATUS DEIGNED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Mark L. Blocker	515 East Las Olas Blvd. #950	Ft. Lauderdale, FL 33301
Exec VP & Chairman	G. Wayne Harris	1800 Second Street, Suite 909	Sarasota, FL 34236
Secretary	Kelly K. Byers	1800 Second Street, Suite 909	Sarasota, FL 34236
Treasurer	Daniel E. George	1800 Second Street, Suite 909	Sarasota, FL 34236
VP & Internal Counsel	Jonathan Harkavy	8100 Hamilton Spring Road	Bethesda, MD

8. Name and Address of Current Registered Agent

Kelly K. Byers
2033 Wood Street, Suite 200
Sarasota, FL 34237

9. Name and Address of New Registered Agent

Name Randolph J. Wolfe
Street Address (P.O. Box Number is Not Applicable)
201 North Franklin
Suite, Apt. #, Etc. Suite 2100
City Tampa
State FL Zip Code 33602

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Randolph J. Wolfe

REGISTERED AGENT MUST SIGN

Date

9/25/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied will be true and correct and that I am an officer or director of the corporation and that I am empowered to execute this application as provided for in chapter 607 of the Florida Statutes, and that all fees owed by the corporation have been paid.

Nothing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I am empowered to execute this application as provided for in chapter 607 of the Florida Statutes, and that all fees owed by the corporation have been paid.

SIGNATURE:

Kelly K. Byers

SIGNATURE AND TYPED OR PRINTED NAME

OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone

9-20-96 9419550793

FILED

ALL INFORMATION

000001959220

09/27/96--01067--005

****383.75 ****383.75

REINSTATEMENT

gbcw

ORDERED 11/2/96

P95000060418

USA BENEFITS GROUP

515 East Las Olas Blvd.
Suite 950
Ft. Lauderdale, FL 33301
954-525-1776
Fax: 954-525-3174

October 11, 1996

Susan Payne
Senior Corporate Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

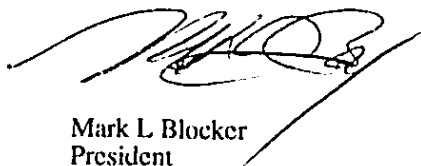
Dear Sandra:

Re: Reference Number P95000060418
Your letter dated 10-9-96

I do not know who Randolph Wolfe is, but I would still like our change of address to go into effect immediately.

If any other information is needed, please advise.

Sincerely,



Mark L. Blocker
President

Change Principal/mailee
Address
10/21/96



P45000060418



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 9, 1996

Mark L. Blocker
515 E. Las Olas Blvd.
Fort Lauderdale, FL 33301

SUBJECT: USA BENEFITS GROUP, INC.
Ref. Number: P95000060418

000002002940--1
-11/13/96--01107--015
*****35.00 *****35.00

We have received your document for USA BENEFITS GROUP, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

I am returning the enclosed document and check for \$35. Upon receipt of this document and check, the subject corporation had been administratively dissolved on August 23, 1996 for failure to file the 1996 annual report. I phoned the corporation with this information on August 27, but never received a response. In checking our records today, the subject corporation was reinstated on September 26, 1996 and Randolph Wolfe was designated as registered agent.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6901.

Susan Payne
Senior Corporate Section Administrator

Letter Number: 496A00046069

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 1:30

RAIRU change
Sp

USA BENEFITS GROUP



515 East Las Olas Blvd.
Suite 950
Ft. Lauderdale, FL 33301
954-525-1776
Fax: 954-525-3174

October 11, 1996

Susan Payne
Senior Corporate Administrator
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

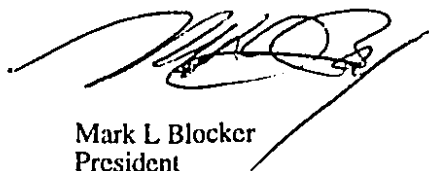
Dear Sandra:

Re: Reference Number P95000060418
Your letter dated 10-9-96

I do not know who Randolph Wolfe is, but I would still like our change of address to go into effect immediately.

If any other information is needed, please advise.

Sincerely,



Mark L. Blocker
President

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: USA BENEFITS GROUP, Inc.
2. The mailing address of the corporation is: 515 EAST LAS OLAS BLVD. #950 FT. LAUDERDALE 33301

3. Date of incorporation/qualification: 8.4.95 Document number: _____

4. The name and address of the current registered agent and office:

~~Heidi Byers~~ Randolf Wolfe
~~2033 Wood Street, Sarasota, Florida~~
201 N. Franklin, #2100, Tampa, FL 33602

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

MARK BLOCKER
515 East Las Olas Blvd #950
Ft. Lauderdale FL 33301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 1:30

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] 8.21.96
(Signature of an officer, chairman or vice chairman of the board) (Date)

MARK L. BLOCKER PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 8.21.96
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

President
(Capacity)