

F05000006779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

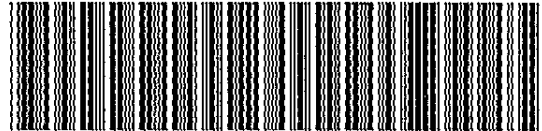
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200061432402

11/17/05--01022--016 \*\*78.75

2005 NOV 17 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

F05-6779  
OK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGNABENEFITS SOLUTIONS INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KENNETH KRANZ, PRESIDENT  
(Name of Person)

MAGNABENEFITS SOLUTIONS INC.  
(Firm/Company)

6140 28TH ST. SE, SUITE 200  
(Address)

GRAND RAPIDS, MI 49546  
(City/State and Zip code)

2005 NOV 17 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

KENNETH KRANZ at (616) 949-1199  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MAGNA BENEFITS SOLUTIONS INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 20-1441005  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 8, 2004 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON APPROVAL OF A TPA LICENSE  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6140 28TH ST. SE SUITE 200 GRAND RAPIDS, MI 49546  
(Principal office address)

6140 28TH ST. SE SUITE 200 GRAND RAPIDS, MI 49546  
(Current mailing address)

8. BILLING ADMINISTRATOR (TPA)  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: W. PALMER SCHERF

Office Address: 2967 DUB DIAMOND RD.

JAY, Florida 32563  
(City) (Zip code)

FILED  
NOV 17 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

W. Palmer Scherf  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: KENNETH KRANZ

Address: 6140 28TH ST, SE SUITE 200  
GRAND RAPIDS, MI 49546

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: KENNETH KRANZ

Address: 6140 28TH ST, SE SUITE 200  
GRAND RAPIDS, MI 49546

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Kenneth Kranz*  
(Signature of Director or Officer listed in number 12 of the application)

14. KENNETH KRANZ PRESIDENT (ONLY OFFICER AND DIRECTOR)  
(Typed or printed name and capacity of person signing application)

FILED  
2005 NOV 17 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

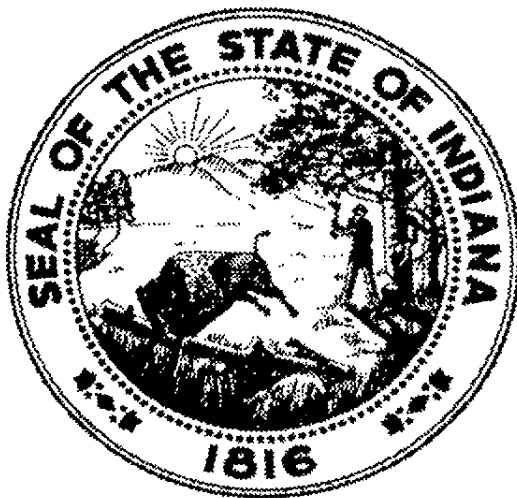
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**MAGNABENEFITS SOLUTIONS, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 08, 2004, and was in existence or authorized to transact business in the State of Indiana on November 04, 2005.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourth Day of November, 2005.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State