

F99000004079

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Family Benefits Association, Inc.
(Name of Corporation)

900002951819--9
-08/05/99-01082-004
*****87.50 *****87.50

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

James A. Mosteller, Jr.
(Name of Person)

Family Benefits Association, Inc.
(Firm/Company)

2770 W. Market St., Ste. 205
(Address)

AKRON, OH 44333
(City, State and Zip Code)

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For further information concerning this matter, please call:

James A. Mosteller, Jr. at (330) 873 - 1385
(Name of Person) Area Code & Daytime Telephone Number

GA

STREET ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

F99-4079

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 NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Family Benefits Association, Incorporated
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/16/96 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 2770 W. Market St., Ste. 205
AKRON, OH 44333
(Current mailing address)
8. Provide discounted; health related benefits, prescription medication, travel protection and information on how to preserve money and assets
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: in the event of catastrophic illness:

Ben Gugliotta
(Name)
704 Eldorado Ave.
(Office address)
Clearwater Beach, Florida, 33767
(City) (Zip Code)

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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.

[Signature]
(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 addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James C. Wade

Address: 2770 W. Market St., Ste. 205
AKRON, OH 44333

Director: Ian E. Turner

Address: 2770 W. Market St., Ste. 205
AKRON, OH 44333

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JAMES A. Mosteller, JR.

Address: 2770 W. Market St., Ste 205
AKRON, OH 44333

Vice President: JON Andrus

Address: 2770 W. Market St., Ste. 205
AKRON, OH 44333

Secretary: Amanda C. Roush

Address: 2770 W. Market St., Ste. 205, Akron, OH 44333

Treasurer: Amanda C. Roush

Address: 2770 W. Market St., Ste 205, Akron, OH, 44333

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

13. James A. Mosteller, Jr.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

President

(Typed or printed name and capacity of person signing application)

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**UNITED STATES OF AMERICA
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**



I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show FAMILY BENEFITS ASSOCIATION, INC., an Ohio not for profit corporation, Charter No. 953005, having its principal location in Akron, County of Summit, was incorporated on September 16, 1996 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal

at Columbus, Ohio on

July 21, 1999

A handwritten signature in cursive script that reads "J. Kenneth Blackwell".

J. Kenneth Blackwell
Secretary of State