

WIS68903

(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:

cert. WIS68903

Office Use Only



800278000798

10/15/15--01019--009 \*\*155.00

2015 OCT 26 P 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 27 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2015

STACEY MINSKY  
4140 E. BASELINE ROAD, SUITE 201  
MESA, AZ 85206

SUBJECT: MACOMB BENEFIT CONSULTANTS, LLC  
Ref. Number: W15000068903

We have received your document for MACOMB BENEFIT CONSULTANTS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 715A00021978

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Macomb Benefit Consultants, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Stacey Minsky  
Name of Person

Macomb Benefit Consultants, LLC  
Firm/Company

440 E Baseline Rd, STE 201  
Address

Mesa, AZ 85206  
City/State and Zip Code

Licensing@macombbenefits.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Minsky at ( 480 ) 333-3809  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|--|---|---|---|

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Macomb Benefit Consultants, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4626095  
(FEI number, if applicable)

4. n/a  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 50258 Vandyke Ave., STE A  
Shelby Twp, MI 48317  
(Street Address of Principal Office)

6. 4140 E Baseline Rd, STE 201  
Mesa, AZ 85206  
(Mailing Address)

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

Name: National Registered Agents, Inc

Office Address: 1200 S Pine Island Rd

Plantation, FL 33324, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Denise Bell  
(Registered agent's signature)

**Denise Bell**  
**Assistant Secretary**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Alex Campos - CEO 4140 E Baseline Rd, STE 201, Mesa, AZ 85206  
Curtis Morton - President 50258 Vandyke Ave STE A  
Shelby Twp, MI 48317

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Alex Campos  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alex Campos

Typed or printed name of signee

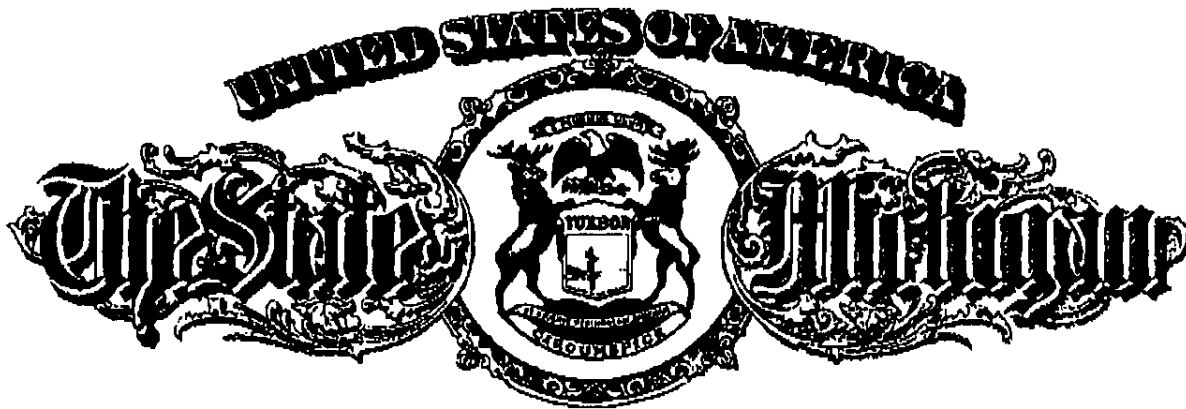
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 OCT 26 P 2:42

FILED

To: +14809932653 From:  
10/13/2015 1:20:54 PM -0400 DELEG FAXCOM

Date: 13/10/15 Time: 10:22 Page: 03  
PAGE 3 OF 3



**Department of Licensing and Regulatory Affairs**  
**Lansing, Michigan**

*This is to Certify That*

**MACOMB BENEFIT CONSULTANTS L.L.C.**

*was validly organized on January 7, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by Facsimile Transmission  
1350194

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 13th day of October, 2015*

*Julia Dale*

Julia Dale, Acting Director  
Corporations, Securities & Commercial Licensing Bureau