



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

## Certificate Request Form

**Request Information** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000100456	FBMC Benefits Management, Inc.	Certificate of Fact / Certificate of Amendment

**Total Fee: \$32.00**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: FLORRIE JONES

Business Name: FBMC BENEFITS MANAGEMENT, INC

No. and Street: 3101 SESSIONS ROAD

PO BOX 1878

City or Town: TALLAHASSEE

State: FL Zip: 32303 Country: USA

Contact Phone: (850) 425-6200 ext:

Contact Email: FJONES@FBMC.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**