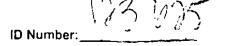
Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby 1

cta	Itame	nt:	of Authority to transa					•		
1.	The r	name of the corp	oration is <u>Integ</u>	rated Be	nefits Grow ;	21 Insucance	e Broker I	rcor born		
2.	lt is n	The name of the corporation is Integrated Benefits Group, Insurance Broker Incorpor								
3.	The r	name, if different	t, which it elects to use	in Rhode Islan	d is:					
	(a)	"incorporated,"	f the corporation in i or "limited," or an abb e endings for use in Ri	previation there	of incorporation does of, then list the name	not contain the voice of the corporation	vord "corporation," " with the addition of i	company," one of the		
	(b)	If the corporate qualify and tra- application:	name is not available nsact business in Rho	in Rhode Island ode Island as s	I, then set forth below tated in the "Fictitiou	the fictitious name to Business Name to	under which the corp Statement* to be filed	oration will I with this		
4.	The	date of its incorp	oration is April o	29, 1997	and the period	od of its duration is _				
5.	The S	address of its pri	incipal office in the stat 、MA OAISO	te or country un	der the laws of which	it is incorporated is	276 Main 5	treet		
6.	The	address of its pro	' oposed registered offic	e in Rhode Isla	nd is 10 Way	BOSSET STREE	т			
		Doa		426	n.1		ess, <u>not</u> P.O. Box)			
		<u>۳ اکن</u> City/T)	VIDENCE	, RI <u>O 29</u> (Zip Co	OSand the name	of its proposed regi	stered agent in Rhod -	e Island at		
				_ , .	·	C. 10 11 .				
	tnat	address is		<u> </u>	ORPORATION (Name of Agent)	-3/2/EWC	••			
-	T L -		and a second subject to	recognized to surre	•	of business in Phod	e leland are:			
1.	_	_	or purposes which it p							
		10 net e	xclusively a	s an in	surance oxien	t/broker	in record	ance_		
8.	The	names and resp	ective addresses of the	e directors and	officers are:					
			<u>Name</u>			Address	-			
			Anthony Waffe		39 Ellen	Koacl Stone	ham, MA Oals	<u>50</u>		
		irector	رر،، ره		- 			 		
		resident	<u> </u>	11				<u>[</u>		
		ice President reasurer	N 11	11						
		ecretary		· ·			in the contract of the contrac			
Fo	orm No	•					" MAR 15	2002		

	Number of Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value
_	100	Common		•01
	e aggregate number of its issu	ed shares, itemized by cla	sses, par value of shares,	shares without par value, and series, if any
	Number of Shares	<u>Class</u>	Series	Par Value or Statement that Shares are without Par Value
_				
— 11. (a)	An estimate of the value of \$ 400 K	of all property to be own	ed by the corporation for	the following year, wherever located, is
(b)) An estimate of the value of \$ ∾/A	of the corporation's prope	rty to be located within F	Rhode Island during the following year is
(c)	An estimate, expressed as a located within this state durin following year, wherever located within the state during the state of the s	ng the following year bears	to the value of all property	lue of the property of the corporation to to of the corporation to be owned during the ultiply by 100 to obtain the percentage].
12. (a)	An estimate of the gross a	amount of business to be	e transacted by the cor	poration during the following year is
(b)	An estimate of the gross is and during the following year.		transacted by the corporati	on at or from places of business in Rhode
(c)	corporation at or from places	of business in this state of	luring the following year be	ount of business to be transacted by the ears to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain
	is application is accompanied the secretary of state or other		risdiction of its incorporation	
Date:	2/4/02		INSURANCE 1300	
- Juliu		-	Print Exact Name of	of Corporation Making Application
		E	President of	☐ Vice President (check one)
		_		AND
		ŧ	,	S AFOUE ☐ Assistant Secretary (check one)
STATI	E OF <u>Massachus</u>	setts)	,	
COON	In stoneham	on this 10 th		(2001), personally appear me/first duly sworn, declared that he/s
before	me Mary line	of the		e/she signed the forenoing document
is the	officer of the corporation, and		he corporation and that h	Mars (In) Mission

57

97 AFR 29 Ad 8: 48

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ORGANIZATION (General Laws, Chapter 1568)

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Effective date:

A TRUE COPY ATTEST

Option Francis Galvin
Secretary of the Commonwealth

DATE 26 (1) CLERK

FILING FEE: One tenth of one percent of the total authorized capital stock, but not less than \$200,00. For the purpose of filing, chares of stock with a par value less than \$1,00, or no par stock, shall be deemed to have a par value of \$1,00 per share.

TO BE FILLED IN BY CORPORATION Photocopy of document to be sent to:

	Leonard F. Conway, Jr.
	40 Wharf Path
	Mr. Uselwad, MA 01945
Leteptions	617-237-8281