

Filing Fee: \$150.00

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

ID Number:

100456



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

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is FRINGE BENEFITS MANAGEMENT COMPANY
2. It is incorporated under the laws of Florida
3. The name which it elects to use in Rhode Island is _____

(If the corporation does not contain the word "corporation," "company," "incorporated," or "limited" or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island.)

4. The date of its incorporation is March 25, 1976 and the period of its duration is Perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is _____
1720 South Gadsden Street, Tallahassee, Florida 32301-5547
6. The address of its proposed registered office in Rhode Island is 123 Dyer Street

Providence, RI 02903 and the name of its proposed registered agent in
(City/Town) (Zip Code)
Rhode Island at that address is C T Corporation System

7. The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

See attached purpose clause

8. The names and respective addresses of the directors and officers are:

	Name	Address
Director	See attached list of directors	
Director		
President	See attached list of officers	
Vice President		
Secretary		
Treasurer		

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9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
1,200,000	Common	B	\$0.01
20,000	Preferred	B	\$50.00
750,000	Preferred		\$1.00

10. The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
781,514	Common	B	\$0.01
6,000	Preferred	B	\$50.00

11. An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located 0.00%; and an estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year 0.00%.

12. An estimate of the value of all property to be owned by it for the following year wherever located is \$ 2,080,600

13. An estimate of the value of its property to be located within Rhode Island during the following year is \$ 0

14. An estimate of the gross amount of business to be transacted by it during the following year is \$ 14,405,597

15. An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode Island during the following year is \$ 0

16. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated 4/15, 19 98



JANET ELAINE HARRISON
MY COMMISSION # CC468165 EXPIRES
May 30, 1999
BONDED THRU TROY FARM INSURANCE, INC.

FRINGE BENEFITS MANAGEMENT COMPANY

(Exact Corporate Name of Corporation Making Application)

By Lorraine Ritch
☒ President or ☐ Vice President (check one)

Lorraine Ritch

AND
By William S. Bischoff
☒ Secretary or ☐ Assistant Secretary (check one)

William S. Bischoff

STATE OF Florida
COUNTY OF Leon

In Tallahassee, on this 15th day of April, 19 98, personally appeared before me Lorraine Ritch, an officer of the corporation, who, under oath, verified that the information contained in this Application is true and accurate.

Janet Elaine Harrison
Notary Public

My Commission Expires: 5/30/99

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of FRINGE BENEFITS MANAGEMENT COMPANY, a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is 499794.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twentieth day of April, 1998



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State