

1.) CORPORATION NAME:

Seitlin Benefits Corporation

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1796988**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 CORPORATE DR., STE 400

CITY/ST/ZIP: FT LAUDERDALE, FL 33334

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: MARK JACKMAN TITLE: PRESIDENT ADDRESS: 1000 CORPORATE DR., STE. 400 CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHANNON ALFONSO TITLE: PRESIDENT ADDRESS: 1000 CORPORATE DR., STE. 400 CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NORMA BORREGO TITLE: VICE PRESIDENT ADDRESS: 1000 CORPORATE DR., STE. 400 CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARIO CAREAGA TITLE: VICE PRESIDENT ADDRESS: 1000 CORPORATE DR., STE. 400 CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RAMONA FLUMARA TITLE: VICE PRESIDENT ADDRESS: 1000 CORPORATE DR., STE. 400 CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM GROSSMAN TITLE: VICE PRESIDENT ADDRESS: 1000 CORPORATE DR., STE. 400 CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33334</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	KEVIN WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 CORPORATE DR., STE. 400		
CITY/ST/ZIP/CO:	FT. LAUDERDALE, FL 33334		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK JACKMAN	MARK JACKMAN, PRESIDENT	6/24/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.