

PO3000088308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

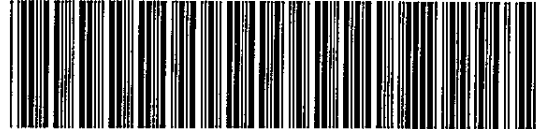
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/11

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SBA Benefit Consulting, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee
& Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Barbara Rennard
Name (Printed or typed)

1409 Alison Ave
Address

Altamonte Springs, FL 32701
City, State & Zip

407-339-5529
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
SBA BENEFIT CONSULTING, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
3001 Aloma Suite 116
Winter Park, FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
"Any And All Lawfull Business"

ARTICLE IV SHARES

The number of shares of stock is:
100 \$1 par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Babara Rennard President
1409 Alison Ave
Altamonte Springs, FL 32792

Bill Rennard Vice President
1409 Alison Ave Altamonte Springs, FL 32792


ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Barbara Rennard
1409 Alison Ave
Altamonte Springs, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Babara Rennard And Bill Rennard
1409 Alison Ave
Altamonte Springs, FL 32792

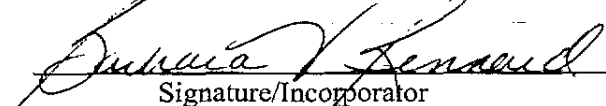
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

08/04/03

Date



Signature/Incorporator

08/04/03

Date