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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

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

SUBJECT: Rothschild Benefits 4 Insurance Group INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	John Rothschild Name (Printed or typed)			
	323 Haverlake Cincle Address			
	City, State & Zip			
		Celephone 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)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Rothschild Benefits & INSUMENCE Group INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 323 Haverlake Circle
Apopka, Florida 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corpration Act.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Rothschild

323 Haverlake Circle, Apopka, Fl 32712

President

<u>ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address of the registered agent is:

John Rothschild, 323 Haverlake Circle, Apopka, Fl 32712

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

John Rothschild 323 Haverlake Circle, Apopka, Fl 32712