P12000000861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NO COPY D

000215635980

01/03/12--01028--006 **70.00

FILED
12 JAN -3 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 04 2012

COVER LETTER

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

SUBJECT: IES HR Benefits, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

- [x] $70.00 Filing Fee
- [ ] $78.75 Filing Fee & Certificate of Status
- [ ] $78.75 Filing Fee & Certified Copy
- [ ] $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: TERI PAULSON
Name (Printed or typed)

3191 South Valley Street Suite 206
Address

Salt Lake City, UT 84109
City, State & Zip

(801) 467 -1900
Daytime Telephone number

michael@beacontractor.com
E-mail address: *(to be used for future annual report notification)*

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)

ARTICLE I NAME
The name of the corporation shall be: IES HR Benefits, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3191 South Valley Street Suite 206
Salt Lake City, UT 84109

Mailing address, if different is:
3191 South Valley Street Suite 206
Salt Lake City, UT 84109

FILED
12 JAN -3 PM 12: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Payroll Services

ARTICLE IV SHARES
The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teri Paulson, President
Address: 3191 South Valley Street Suite 206
Salt Lake City, UT 84109

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Incorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, Florida 33470

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Teri Paulson
Address: 3191 South Valley Street Suite 206
Salt Lake City, UT 84109

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

Lisa Robbins on behalf of Incorp Services, Inc. 12/27/2011
Required Signature/Registered Agent — Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — 12/4/11 Date