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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The Benefit Solution Center, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Kristina Hudson, Esq.

Name (printed or typed)

7510 Ridge Road

Address

Port Richey, Florida 34668

City, State & Zip

(727) 842-9105

Daytime Telephone Number

christa.brendel@yahoo.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Christa Brendel Director/President
(Name) (Title)

of The Benefit Solution Center, Inc. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 19 2014
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Maryland
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The Benefit Solution Center, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is The Benefit Solution Center, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Maryland
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the Director/President of The Benefit Solution Center, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 24 day of January, 2018

Christa L. Brendel
(Authorized Signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

The Benefit Solution Center, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

9019 Bearcat Road

P.O. Box 874

New Port Richey, FL. 34655

New Port Richey, FL. 34656

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Authorized and empowered to transact any and all kinds,
classes, types and forms of life and health insurance, and
any other such insurance and annuities.

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Christa Brendel, PSTD

9019 Bearcat Road

New Port Richey, FL. 34655

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Christa Brendel

9019 Bearcat Road

New Port Richey, FL. 34655

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Kristina Hudson, Esq.


7510 Ridge Road

Port Richey, Florida 34668

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

1/24/18
Date


Signature/Incorporator

1/24/18
Date