

P95000030820

TRANSMITTAL LETTER

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

200001458842
-04/18/95 -01009--014
***122.50 ***122.50

SUBJECT: Advisors Benefits, Inc.
(Proposed corporate name - must include suffix)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 AM 10:00

FROM: John L. Witeck
Name (printed or typed)

2330 US Highway
Address

Holiday, FL 34691
City, State & Zip

813-934-4452
Daytime Telephone number

KAN 4-20

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 AM 10:00

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Advisors Benefits, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2330 US Highway 19
Holiday, FL 34691

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John L. Witeck, CFP
2330 US Highway 19
Holiday, FL 34691

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

John L. Witeck, CFP
2330 US Highway 19
Holiday, FL 34691

President

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of April, 19 95.

John L. Witeck Signature, President

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

95 APR 17 AM 10:00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Advisors Benefits, Inc.

2. The name and address of the registered agent and office is:

John L. Witeck
(Name)

2330 US Highway 19
(P.O. Box not acceptable)

Holiday, FL 34691
(City/State/Zip)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

John L. Witeck
(Signature)

April 13, 1995
(Date)