

P99000022455

TRANSMITTAL LETTER

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

800002797708--3
-03/08/99--01104--009
*****70.00 *****70.00

SUBJECT: Alternative Benefit Concepts, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM:

LES GARDI, CPA
Name (printed on copy) 7061 S. TAMiami TRAIL
SARASOTA, FL. 34231-5559
Address (941) 925-2099
City, State, & Zip _____
() _____
Telephone Number _____

LES GARDI, CPA
7061 S. TAMiami TRAIL
SARASOTA, FL. 34231-5559
(941) 925-2099

FILED
99 MAR -8 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

B. BROCK MAR 11 1999

ARTICLES OF INCORPORATION

OF

Alternative Benefit Concepts, Inc.

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: Alternative Benefit Concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7061 S Tamiami Trail Suite 110
Sarasota, FL 34231-5559

ARTICLE III CAPITAL STOCK

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**LES GARDI, CPA
7061 S. TAMIAMI TRAIL
SARASOTA, FL. 34231-5559
(941) 925-2099**

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TALLAHASSEE, FLORIDA**

ARTICLE V INCORPORATOR(S)

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

Patrick J. Magrady
845 Couch Lamp Ct.
Sanford FL, 32771

Mary Ann McCuddy
6111 White Oak Drive
Flowery Branch GA
30542
770 965-9625

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

First day of March, 19 99.

Patrick J. Magrady

Signature

Mary Ann McCuddy

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Alternative Benefit Concepts, Inc.

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

Les Gardi, CPA

(NAME)

7061 S Tamiami Trail Suite 110 Sarasota, FL 34231-5559

(P.O. BOX NOT ACCEPTABLE)

Sarasota, FL 34231-5559

(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.

SIGNATURE *R Gardi*

DATE 3/1/99

REGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -8 AM 9:31

FILED