9990000 22455 TRANSMITTAL LETTER

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

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Tallahassee,	FL 32314			******70.00 *****70.00
SUBJECT:	Alternative	2 Benefit	Concep	sts, he.
	(proposed	i corporate name)		
	•			
Enclosed is a for \$70	an original and one (1)	copy of the articles	of incorpora	tion and our check
and the second s				
FROM:		LES GARDI, CI	PA	• .
	Name (printed 6	706/P S CTAMIAMI TI ARASOTA, FL. 3423	RAIL 1-5559	LES GARDI, CPA 7061 S. TAMIAMI TRAIL
•	Address	(941) 925-2099		SARASOTA, FL. 34231-5559 (941) 925-2099
	City, State, & Z	р		
•	()		•	
	Telephone Num	per		
· · · · · · · · · · · · · · · · · · ·				

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ARY OF STATE
ASSEE, FLORID

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

ARTICLES OF INCORPORATION

<u>OE</u>

Alternative Benefit Concepts, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida 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

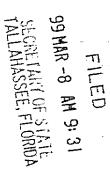
ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $1000~{
m shares}$

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



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 Mc Cuddy
6111 White Oak Orive
Flowery Branch GA
30542

770 965-9625

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

day of

.

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

•	The name of the corporation is: Alternative Benefit Concepts, Inc.
-	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 <u>NOT</u> 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 Soul.

DATE 3/1/99

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00