

FILED 00 JUN 26 AMII: 34

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SEUNETARY OF STATE TALLAHASSEE, FLORIDA

> 200003304592--1 -06/26/00--01107--001 *****78.75 *****78.75

Quantum Benefits Group Inc. SUBJECT: (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 \$78.75 **3**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Lisa A. Barreca FROM: Name (Printed or typed) 214 Monterey Way Address Royal Palm Beach, FL 33411 City, State & Zip 561-792-2968

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

Daytime Telephone number

PH 6/28/00-

ARTICLES OF INCORPORATION

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

FILED

00 JUN 26 AM 11: 35

ARTICLE I

The name of the corporation shall be:

Quantum Benefits Group Inc.

ECRETARY OF STAIL TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE

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

214 Monterey Way Royal Palm Beach, FL

ARTICLE III SHARES

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

50

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lisa A. Barreca 214 Monterey Way Royal Palm Beach, FL

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

President Lisa A. Barreca 214 Monterey Way Royal Palm Beach, FL

Signature/Incorporator

06/16/00

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

06/16/00

Date