

LO300001515

Scott Fenstermaker

(Requestor's Name)

2039 Centre Pointe

(Address)

Blvd. 101

(Address)

TALL FL 32308

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

Strategic Benefits Group

(Business Entity Name)

(Document Number)

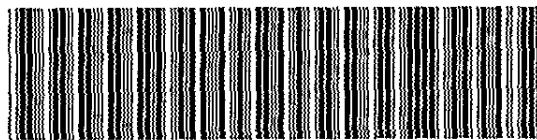
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: *Strategic Benefits Group, L.*

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

*2039 Centre Pointe Blvd.*

*Suite 101*

*Tallahassee, FL 32308*

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OF CORPORATION

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

*J. Scott Fenstermaker*

*2039 Centre Pointe Blvd, Suite 101*

Name  
*Florida street address (P.O. Box NOT acceptable)*

*19 Tallahassee, FL 32308*

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..*

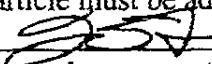


Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*J. Scott Fenstermaker*

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)