

NR20000 13630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

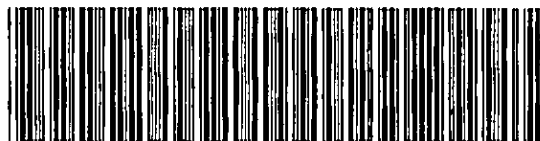
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/22/2022 11:10:10 AM

FILED  
2022 NOV 22 AM 11:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Moving S-Corp from New Jersey to Florida

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

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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SENIOR BENEFIT CHOICES INC.

Name (printed or typed)

39 FOSTERTOWN LN

Address

MULLICA HILL, NJ 08062

City, State & Zip

856-217-2235

Daytime Telephone Number

rmendoza@seniorbenefitchoices.com

E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

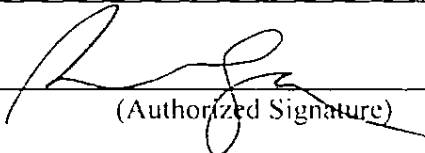
The undersigned, Rafael E Mendoza, President  
(Name) (Title)  
of Senior Benefit Choices Inc. a foreign Corporation  
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 04, 2018.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Senior Benefit Choices Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Senior Benefit Choices Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New Jersey.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Rafael E Mendoza, of Yulee Florida

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25 day of August, 2022

  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	<u>\$50.00</u>
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	<u>\$128.75</u>

2022 NOV 22 AM 11:10  
FILED  
CLERK OF SUPERIOR COURT  
JANUARY 10, 2023  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:

**Senior Benefit Choices Inc.**

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

86011 Tropicana Ct, Yulee FL 32097

86011 Tropicana Ct, Yulee FL 32097

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized:

**Health and Life Insurance Sales**

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CLERK OF CIRCUIT COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Vote

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**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

The name(s) and address(es) and specific title(s):

Title/Name

President/ Rafael E Mendoza

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Title/Name

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Title/Name

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Title/Name

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Title/Name

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Title/Name

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**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Rafael E Mendoza

86011 Tropicana Ct, Yulee FL 32097

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Rafael E Mendoza

86011 Tropicana Ct, Yulee FL 32097

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*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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Rafael E. Mendoza

Signature/Registered Agent

08/25/2022

Date

Rafael E. Mendoza

Signature/Incorporator

08/25/2022

Date