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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Maternity Benefits Financial Inc. 00

☐ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

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RUSH

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCUMENTS

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A. Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

FILED
JAN - 5 PM 2: 20
RECEIVED
00 JAN - 5 PM 12: 30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ordered By: _____

Date: _____

T. SMITH JAN 05 2000

**ARTICLES OF INCORPORATION
FOR
MATERNITY BENEFITS FINANCIAL, INC.**

FILED
00 JAN -5 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as the Incorporator pursuant to Chapter 607 of the Florida Statutes, adopts the following Articles of Incorporation.

ARTICLE I

The name of this corporation is:

MATERNITY BENEFITS FINANCIAL, INC.

ARTICLE II

The period of its duration is perpetual, beginning from the date these Articles are filed with the Department of State.

ARTICLE III

The general nature of the business to be transacted by this Corporation is to engage in any activity of business permitted under the laws of the United States and the State of Florida, and to effectuate such purposes it may act in any capacity including as an agent or attorney-in-fact for any person or entity.

ARTICLE IV

This Corporation is authorized to issue 10,000 shares of common stock, all of one class, at a par value of \$1.00 which will be designated "Common Shares".

ARTICLE V

A. Each of the shareholders agree not to sell, transfer, pledge, assign, or otherwise in any way dispose of his stock unless and until he has offered to sell his shares to the other shareholders at a fair and reasonable price.

B. All additional shares of common stock issued by the Corporation will be subject to the same restrictions regarding transferability as the initial stock.

C. The holders of common shares will be entitled to purchase newly issued stock proportionate to their respective holding prior to the stock being offered to outside subscribers.

ARTICLE VI

The street address of the initial registered office of this Corporation is 258 E. Altamonte Drive, Suite 2001, Altamonte Springs, Florida 32701 and the name of the initial registered agent of this Corporation at that address is ED JONES. The office address is 258 E Altamonte Drive, Suite 2001, Altamonte Springs, Florida 32701.

ARTICLE VII

This Corporation will have no directors initially, and the affairs of this Corporation will be handled by the shareholders. A Board of Directors, and the number of directors, may be established, increased, or diminished from time to time by the by-laws.

ARTICLE VIII

The name and address of the person signing these Articles is
ED JONES, 258 E Altamonte Drive, Suite 2001, Altamonte Springs,
Florida 32701.

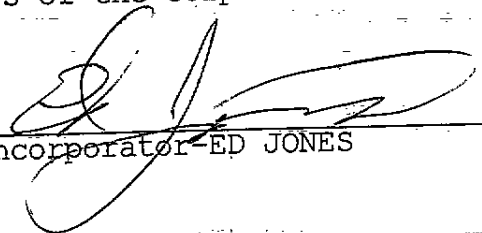
ARTICLE IX

The power to adapt, alter, amend or repeal by-laws will be
vested in the shareholders.

ARTICLE X

All corporate powers will be exercised by or under the
authority of; and the business of this Corporation will be managed
under the direction of the shareholders of the corporation.

Dated: December 30, 1999.


Incorporator-ED JONES

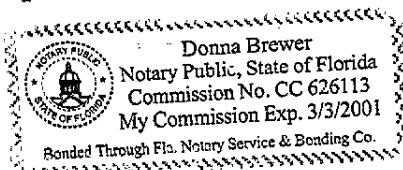
STATE OF FLORIDA

County of Seminole

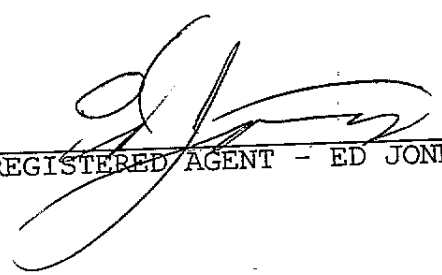
I HEREBY CERTIFY, that on this day, before me, an officer duly
authorized in the State and County aforesaid to take
acknowledgments, personally appeared ED JONES to me known to be the
person described as Subscribed in and who executed the foregoing
Articles of Incorporation, and acknowledges before me that he
subscribed to those Articles of Incorporation.


Notary Public

My commission expires:



I HEREBY ACCEPT the designation, duties and responsibilities
as Registered AGENT of MATERNITY BENEFITS FINANCIAL, INC. and agree
to comply with the provisions of Florida Statutes.


REGISTERED AGENT - ED JONES

STATE OF FLORIDA

County of Seminole

I HEREBY CERTIFY that on this day, before me, a Notary Public,
duly authorized in the State and County aforesaid to take
acknowledges, personally appeared ED JONES to me known to be
described as REGISTERED AGENT for MATERNITY BENEFITS FINANCIAL,
INC. and who executed the foregoing designation as REGISTERED AGENT
and acknowledged before me that he subscribed to such designation
of REGISTERED AGENT.

WITNESS my hand and official seal in the County and State
named above this 30th day of December, 1999.


Notary Public

My Commission Expires:

