# POOOOOOOO4697

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

**800003243158--**5 -05/08/00--01125--001 \*\*\*\*\*\*\*\*

SUBJECT:	EMPLOYEE HEALTH BENEFITS SERVICES, INC.					
	(Proposed corpor	rate name - must include suf	fix)	<del></del>		
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for :			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM:	John Edmons	-				
<del></del>	Name (Printer		SECR	00 M		
_	1758 Pebble Hill Court  Address			<b>1 1</b>		
	Palm Harbor, FL 3468	3	SEE FL	FILED 00 MAY -8 AHII: 05		
	City, State	& Zip	FLORIDA	: 05		
	727 - 781 - 6201		***			
	Daytime Teleph	one number	<del></del>	`		

1. Burch MAY 1 1 2000

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

EMPLOYEE HEALTH BENEFITS SERVICES, INC.

PRINCIPAL OFFICE

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

> EMPLOYEE HEALTH BENEFITS SERVICES, INC. 1758 Pebble Hill Court Palm Harbor, FL 34683

#### ARTICLE III **SHARES**

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

One Thousand Shares of Common Stock with a Par Value of One (1) Dollar Per Share

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John Edmons 1758 Pebble Hill Court Palm Harbor, FL 34683

# ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

John Edmons 1758 Pebble Hill Court Palm Harbor, FL 34683

The undersigned incorporator(s) has(	(have) executed these Articles of Incorporation th
4th day ofMay	,
(An additional article must be added i	if an effective date is requested.)
	590m
	Signature
	Signature
	Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

			NAY -8
1. The name of the corporation is_	EMPLOYEE HEALTH BENEFITS SERVICES, I		
-		TATE ORIDA	: 06
2. The name and address of the reg			
	John Edmons		
<del>-</del>			
	1758 Pebble Hill Court		
(P. O.	. Box or Mail Drop Box NOT ACCEPTABLE)		
	Palm Harbor, FL 34683		
<del></del>	(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.

(SICNATIDE)

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