

P0000071656  
TRANSMITTAL LETTER

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

SUBJECT: BENEFIT MAKERS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003333818--9  
-07/24/00--01129--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: RITA LORENZO  
Name (Printed or typed)  
1820 SW 18 St  
Address  
Miami FL 33145  
City, State & Zip  
(305) 285-0561  
Daytime Telephone number

FILED  
00 JUL 24 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T.SMITH JUL 27 2000

**ARTICLES OF INCORPORATION**

**In compliance with Chapter 607 and/or Chapter 621, F.S. (PROFIT)**

**ARTICLE I NAME**

**BENEFIT MAKERS INC**

**ARTICLE II PRINCIPAL OFFICE**

**Principal place of business/mailing address is :**

**1820 SW 18 St., MIAMI FL 33145**

**ARTICLE III PURPOSE**

**The purpose for which the corporation is organized is :**

**SELLING AND SERVICING INSURANCE POLICIES.**

**ARTICLE IV SHARES**

**100 SHARES OF STOCK AT \$1.00 Par Value**

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

**The name(s) and address(es):**

**Rita Lorenzo, 1820 SW 18 St., Miami, Fl 33145**

**Candida J Guerra, 3171 SW 16<sup>TH</sup> TE., MIAMI, FL 33145**

**ARTICLE VI REGISTERED AGENT**

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

**Rita Lorenzo, 1820 SW 18 St., Miami, Fl 33145**

**ARTICLE VII INCORPORATOR**

**The name and address of the Incorporator are:**

**Rita Lorenzo, 1820 SW 18 St., Miami, Fl 33145**

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**ARTICLE VIII****EFFECTIVE DATE**

**The effective date of this Corporation shall be July 21, 2000.**

*Having being 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**  
**Rita Lorenzo**

7/17/2000  
**Date**

  
\_\_\_\_\_  
**Signature /Incorporator**  
**Rita Lorenzo**

7/17/2000  
**Date**

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