TRANSMITTAL LETTER (/ Department of S **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 TYRN-KEY BENEFITS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT: 50000345 Enclosed is an original and one(1) copy of the articles of incorporation and a check for 1/07/01*****78.75 XI \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee /Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED John R. Newsome TI Name (Printed or typed) FROM: 1304 Leewood Dr. Address Tallahassee, FL. 32312 City, State & Zip 850-570-0365 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be:

TURN-KEY RENEFITS INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

1304 Leewood Dr Tallahassee, FL. 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Employee Benefits for BUSINESS MUNERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

John R. Newsome III

1304 Leewood Dr Tallahassee, FL. 32312

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: John R. Newsome III 1304 Leewood Dr. Tallahassee, FL. 32312 *****

Having been named as registered agent 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

Signature/Registered Agent

Signature/Incorporator

<u>//-6-00</u> Date

- AON 0

//-6-00 Date