TRANSMITTAL LETTER

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

800003492278--5 -12/08/00--01098--004 ******78.75-*****78.75

of America, INC.

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: NORMA R SLUTZKIN OF THE STATE OF THE S			
NORMA R SLUTZKIN Name (Printed or typed)	Z-S	00	
	ECK ECK	0	
SE 5912 VIA DELRAY APT B Address	<u> </u>	DEC	77
Address	ARY	20	=
			Ш
DELRAY BEACH, FL. # 33484		\geq	
City, State & Zip	TATE PRIDA	≡	
561-495-0802	 	24	i
Daytime Telephone number			

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 13, 2000

SLATQKIN 5912 "B" VIR DELRAY DELRAY BCH, FL 33484

SUBJECT: EMPLOYEE BENEFITS & RETIREMENT PLANNING SERVICE OF

AMERICA, INC.

Ref. Number: W00000029235

We have received your document for EMPLOYEE BENEFITS & RETIREMENT PLANNING SERVICE OF AMERICA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock Document Specialist

Letter Number: 400A00062801

ARTICLES OF INCORPORATION

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

NAME

The name of the corporation shall be:

EMPLOYEE BENEFIT & retirement & RETIREMENT PLANNING SERVICE OF AMERICA, INC.

should be capitals)

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

5912 - BVIA DELRAY DELRAY BEACH, FL. 33484

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

organized for the purpose of transacting any and all lawful buśiness.

ARTICLE IV <u>SHARES</u>

The number of shares of stock is:

Outstanding shares shall be 7500 or less of common shares at a par value of \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

REGISTERED AGENT

The name and Florida street address registered agent is:

SlutzK: N

NORMA R SLUTZKIN

Delray Beach, Fl. 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Delray Beach, Fl. 33484

******************** 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

Date 18, 2000

Date 18, 2000