

TRANSMITTAL LETTER

P010000002520

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

SUBJECT: American Benefits Council, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003518277--6
-01/02/01--01068--001
*****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:

M. Chance Harker
Name (Printed or typed)

EFFECTIVE DATE
12-27-00

101 NE 19th Avenue
Address

Cape Coral, FL 33909
City, State & Zip

941-573-7936
Daytime Telephone number

FILED
01 JAN -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch

JAN 8 2001

FILED
01 JAN -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I: Name of Corporation: American Benefits Council, Inc.

ARTICLE II: Principal Place of Business & Mailing Address:
101 NE 19th Avenue, Cape Coral, FL 33909

ARTICLE III: Purpose of Corporation: Sales and Marketing of Benefit Packages for discounts on dental, optical, chiropractic, pharmaceutical, medical supplies and services, legal services and shopping services.

ARTICLE IV: Number of shares of stock authorized:
1,000,000.

ARTICLE V: Name & Address of Directors/Officers
M. Chance Harker, Chief Executive Officer
101 NE 19th Avenue, Cape Coral, FL 33909

Sandra P. Harker, Secretary/Treasurer
101 NE 19th Avenue, Cape Coral, FL 33909

EFFECTIVE DATE
12-27-00

ARTICLE VI: Registered Agent: M. Chance Harker
101 NE 19th Avenue, Cape Coral, FL 33909

ARTICLE VII: Name and Address of Incorporator:
M. Chance Harker, Chief Executive Officer
101 NE 19th Avenue, Cape Coral, FL 33909


ARTICLE VIII: EFFECTIVE DATE:
DECEMBER 27TH 2000.

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


Signature/Incorporator


Date