

TRANSMITTAL LETTER

PO1000015020

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

400003662324--3

-02/08/01--01108--012

\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: THE BENEFITS PLACE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: ROBERT D. WIEGENSTEIN  
Name (Printed or typed)

8283 SW SKIPPER DRIVE  
Address

STUART, FL 34997  
City, State & Zip

561-781-5701  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB -8 AM 9:27

FILED

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

SeB  
2/9

(2)

# 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:

**The Benefits Place, Inc.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**8283 SW Skipper Drive  
Stuart, FL 34997**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**The sale and administration of employee benefits**

## ARTICLE IV SHARES

The number of shares of stock is:

**1000 shares of common stock authorized**

## ARTICLE V INITIAL OFFICERS/DIRECTORS

**Gerardo A. Fernandez, 8020 Hampton Blvd, #206, North Lauderdale, FL 33068  
Adrianne K. Wiegenstein, 8283 SW Skipper Drive, Stuart, FL 34997  
Robert D. Wiegenstein, 8283 SW Skipper Drive, Stuart, FL 34997**

## ARTICLE VI REGISTERED AGENT

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

**Robert D. Wiegenstein  
8283 SW Skipper Drive  
Stuart, FL 34997**

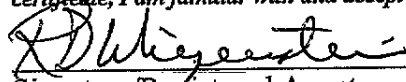
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

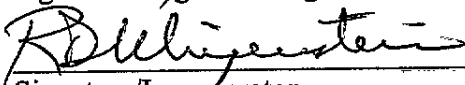
**Robert D. Wiegenstein  
8283 SW Skipper Drive  
Stuart, FL 34997**

FILED  
01 FEB - 8 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2/5/2001  
Date

  
Signature/Incorporator

2/5/2001  
Date