

TRANSMITTAL LETTER

P01000018259

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

FILED
01 FEB 16 PM 12:06
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

SUBJECT: Claims and Benefits Solutions
(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: Ketny Legagneur
Name (Printed or typed) 200003707392--9
-02/16/01--01091--002
*****87.50 *****87.50
426 Lakeside Drive #248
Address
Margate, FL 33063
City, State & Zip
954-970-9783
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:

Claims and Benefits Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2758 W. Atlantic Blvd. Ste 35
Pompano Beach, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Claims and Benefit assistance/Resolution
to Consumers.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Kathelyne Legagneur
3101 Cape Drive
Margate, FL 33063

Kethy Legagneur
426 Lakeside Drive #248
Margate, FL 33063

ARTICLE VI REGISTERED AGENT

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

Kethy Legagneur
426 Lakeside Dr #248
Margate, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kethy Legagneur
426 Lakeside Dr #248
Margate, FL 33063

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

Kethy Legagneur
Signature/Registered Agent

2/12/01
Date

Kethy Legagneur
Signature/Incorporator

2/12/01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA