

P01000070685

CT CORPORATION SYSTEM

CORPORATION(S) NAME

United Benefits, Inc.

FILED
01 JUL 18 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000004484580--8
07/18/01 31861--013
*****87.50 *****87.50

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|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |

- | | | |
|---|--|---|
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

RECEIVED
OFFICE OF
CORPORATION
STATE OF FLORIDA
2001 JUL 18 AM 12:52
NAME _____
AVAILABILITY _____
DOCUMENT _____
EXAMINER _____
UPDATER _____
VERIFIER _____
W.P. VERIFIER _____

7/18/01

Order#: 466681

Ref#: _____

Amount: \$ _____

J. BRYAN JUL 18 2001

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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01 JUL 18 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
UNITED BENEFITS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FIRST: The name of the corporation is: United Benefits, Inc.

SECOND: The street address of the initial principal office, and, if different, the mailing address of the corporation is: 220 S. Ridgewood Avenue, Daytona Beach, FL 32114

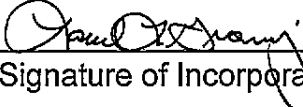
THIRD: The number of shares the corporation is authorized to issue is: 100

FOURTH: The street address of the initial registered office of the corporation is c/o C T Corporation System, 1200 South Pine Island Road, City of Plantation, Florida 33324, and the name of its initial registered agent at such address is C T Corporation System.

FIFTH: The names and addresses of the persons who are to serve as initial directors are: Laurel L. Grammig, 401 E. Jackson St., Ste. 1700, Tampa, FL 33602.

SIXTH: The name and address of each incorporator is: Laurel L. Grammig, 401 E. Jackson St., Ste. 1700, Tampa, FL 33602.

SEVENTH: Any other provision required or permitted by law is: _____


Signature of Incorporator

7/12/01
Date

C T Corporation System is familiar with and accepts the obligations provided for in Section 607.0505 of the Florida Statutes.

C T Corporation System

By 

7-17-01
Date

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY