TRANSMITTAL LETTER

OI AUG-6 AMIO: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

SUBJECT: Association Benefit Plans, Inc.

Enclosed are an original and one (1) copy of the Articles of Incorporation and a check for:

()\$70.00

() \$78.75

(X) \$78.75

()\$87.50

Filing Fee

Filing Fee &

Certification of Status

Filing Fee & Certified Copy

Filing Fee, Certified Copy,

&Certificate of

Status

FROM:

200004519352--5 -08/06/01--01094--011 *****78.75 ******78.75

Edward C. Neubauer 2310 N.W. 3rd Avenue, Suite 8 Pompano Beach, FL 33060

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Association Benefit Plans, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

2310 N.W. 3rd Avenue, Suite 8 Pompano Beach, FL 33060

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any on time is:

1000 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Edward C. Neubauer 2310 N.W. 3rd Avenue, Suite 8 Pompano Beach, FL 33060

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Edward C. Neubauer 1015 Spanish River Road, #106

Boca Raton, FL 33432

Robert A. Jones 2320 N.E. 34th Court

Lighthouse Point, FL 33064

Signature/Incorporator

Date

OLAIG SHOPS

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date