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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFTT CORPORATION OR P.A.

florida benefits insurance services corp.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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H 02000086828**ARTICLES OF CORPORATION****(4)**

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

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA BENEFITS INSURANCE SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

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

**8335 N.W. 8TH STREET
SUITE #8
MIAMI, FL. 33126**

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TALLAHASSEE, FLORIDA**

ARTICLE III SHARES

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

The corporation is authorized to issue Five Hundred shares (500) of One Dollar (1.00) par value Common Stock, which shall be designed "Common Shares".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**JUAN MUNOZ
8335 N.W. 8TH STREET
SUITE #8
MIAMI, FL. 33126**

**ACCOUNTANT
LAZARO TOYOS
7256 S.W. 8TH ST
MIAMI, FL. 33144
PHONE: 786-388-7675**

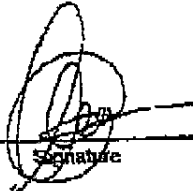
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ARTICLE V INCORPORATOR(S)**See instructions for officers/directors****The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

Juan Munoz
8335 N.W. 8th Street
Suite #8
Miami, FL 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

09 day of April, 19 2002


Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Florida Benefits Insurance
Services Corp.

2. The name and address of the registered agent and office is:

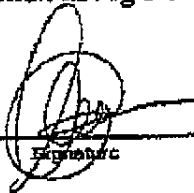
Juan Muñoz
(NAME)

8335 N.W. 8th Street #8
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami, Fl. 33126
(CITY/STATE/ZIP)

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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

04/04/02
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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