

PD3000009915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

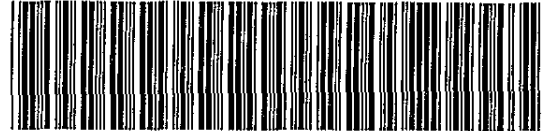
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Frank GAVE
AUTHORIZATION BY PHONE TO
CORRECT articles
DATE 1/28/03
DOC. EXAM Dale White
D. WHITE JAN 28 2003

Office Use Only



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01/17/03--01028--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 17 AM 9:45

APPROVED
AND
FILED

TRANSMITTAL LETTER

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

SUBJECT: Benefit Guaranty Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Frank Carbonne

Name (Printed or typed)

6278 No. Federal Highway, PMB-293

Address

Ft. Lauderdale, Florida 33306

City, State & Zip

954 489-1398

Daytime Telephone number

Julie (cell)
445-7150

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:

Benefit Guaranty Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14629 S.W. 104th Street, S-520
Miami, Florida 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the insurance agency business

ARTICLE IV SHARES

The number of shares of stock is: 50% - ASSURED BENEFITS CORP., TAX ID#: 65-0677522
25% - BARBARA HARRIS, SS#: 261-64-7111
25% - RIBERTO RIVERO, JR., SS#: 075-46-1611 100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Riberto Rivero, Jr. - President, P.O. Box 971127, Miami, Florida 33197
Barbara Harris - Vice President, 14225 S.W. 94th Circle Lane, #102, Miami, Florida 33186
Frank Carbonne - Secretary, 6278 No. Federal Highway, PMB 293, Ft. Lauderdale, Florida 33306

ARTICLE VI REGISTERED AGENT

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

Assured Benefits Corp.
6278 No. Federal Highway, -293
Ft. Lauderdale, Florida 33306

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julie Harris Dirse
14233 S.W. 94th Circle Lane, #104
Miami, Florida 33186

305-382-6458

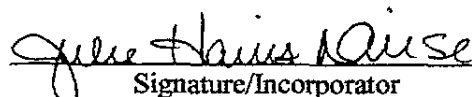
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-10-03

Date



Signature/Incorporator
JULIE HARRIS DIRSE

1-10-03

Date

APPROVED
AND
FILED

03 JAN 17 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA