

PD3000031612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

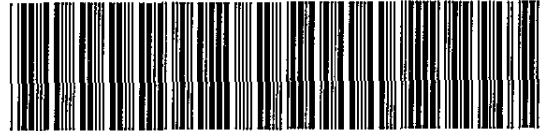
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 19 PM 1:26

RECEIVED  
03 MAR 19 PM 1:16  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: SAC Benefits Inc.  
(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:

Sandra A. Collier  
Name (Printed or typed)

P.O BOX 37096 Tallahassee, FL 32315  
Address

Tallahassee FL  
City, State & Zip

850-523-9600  
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)

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DIVISION OF CORPORATIONS

03 MAR 19 PM 1:26

## ARTICLE I NAME

The name of the corporation shall be:

~~SAA~~ SAC Benefits Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1241 W. Thorpe St Suite 6)  
Tallahassee FL 32304

Mailing SAC Benefits.  
P.O Box 37096  
Tallahassee, FL 32315

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

ONE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Sandra A. Collier President

## ARTICLE VI REGISTERED AGENT

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

Sandra A. Collier 2731 <sup>32304</sup> Blairstone Rd 32316

## ARTICLE VII INCORPORATOR

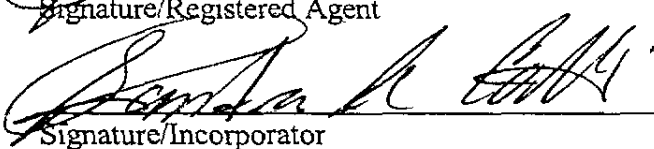
The name and address of the Incorporator is:

Sandra A. Collier  
1241 W. Thorpe St  
Tallahassee FL 32315

\*\*\*\*\*  
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

3/19/20  
Date

  
Signature/Incorporator

3/19/20  
Date