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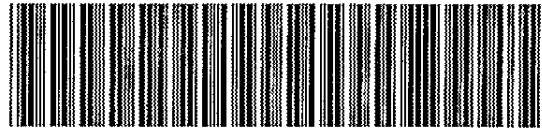
(Business Entity Name)

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TRANSMITTAL LETTER

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

Subject Capital Benefits Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

(ADDITIONAL COPY REQUIRED)

FROM: Nellie Akalp
Name

30141 Agoura Rd., Suite 205
Address

Agoura Hills, California 91301
City, State & Zip

818-879-9079
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION
OF
Capital 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.

ARTICLE I NAME

The name of the Corporation shall be: Capital Benefits Inc.

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 30030
Pensacola, Florida 32503

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 shares at \$0.01 par value per share.

ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Salvatore A. Bonelli
6532 Whiteoak Drive
Pensacola, Florida 32503

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NRAI Services, Inc.
526 East Park Avenue
Tallahassee, Florida 32301

ARTICLE VI INCORPORATOR

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

Nellie Akalp
30141 Agoura Rd., Suite 205
Agoura Hills, California 91301



Nellie Akalp, Incorporator

4.1.03

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.



NRAI Services, Inc., Registered Agent

4.1.03

Date

03 APR -7 PM 2:14
TALLAHASSEE, FLORIDA
STATE