

P03000076975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

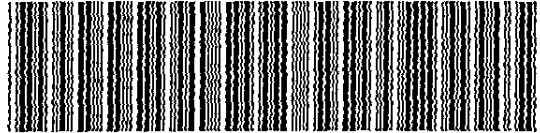
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FILED
2003 JUL 14 PM 5:29
CLERK OF STATE
TALLAHASSEE FLORIDA

7/14/03

TRANSMITTAL LETTER

FILED

2003 JUL 14 PM 5:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: EMPLOYEE BENEFITS INCORPORATED
(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:

JEFFREY ROBINSON

Name (Printed or typed)

50 SW 10th Str. suite # 812

Address

MIAMI, FL 33130

City, State & Zip

(305) 527 - 0247

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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2003 JUL 14 PM 5:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

April 25, 2003

address
changed
see articles

JEFFREY ROBINSON
50 SW 10TH STREET
SUITE #812
MIAMI, FL 33130

SUBJECT: EMPLOYEE BENEFITS INCORPORATED
Ref. Number: W03000011837

We have received your document for EMPLOYEE BENEFITS INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 103A00025161

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 JUL 14 AM 10:32

RECEIVED

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:

OFFICE OF EMPLOYEE BENEFITS INC.

FILED

2003 JUL 14 PM 5:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5274 NW 114th Ave, suite #206
Miami, FL, 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing & Advertising of Employee Benefits

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jeffrey Robinson : CEO & President
Diana Cholakova : Secretary & Treasury

ARTICLE VI REGISTERED AGENT

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

Jeffrey Robinson
5274 NW 114th Ave, #206
Miami, FL, 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey Robinson
5274 NW 114th Ave, #206
Miami, FL 33178

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

Date

06/15/2003

Signature/Incorporator

Date

06/15/2003