

P03000153985

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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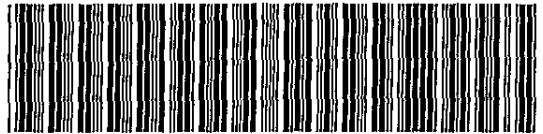
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/10/03--01028--010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 12 PM 3:49

FILED

12/19/03



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 17, 2003

AL KARUM  
421 MONTGOMERY RD  
# 165  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: BENEFIT RESOURCES, INC.  
Ref. Number: W03000038415

We have received your document for BENEFIT RESOURCES, INC. and your check(s) totaling \$78.75. 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.**

An effective date **may** be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6855.

Tammy Hampton  
Document Examiner  
New Filings Section

Letter Number: 303A00067565

TRANSMITTAL LETTER

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

SUBJECT: Insurance Benefit Concepts Inc.  
~~Benefit Resources, Inc~~  
(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: AL KANN  
Name (Printed or typed)

421 Montgomery Road 165  
Address

Altamonte Springs, FL 32714  
City, State & Zip

(407) 774-1040  
Daytime Telephone number

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

ARTICLES OF INCORPORATION FOR INSURANCE BENEFIT CONCEPTS INC.

The undersigned incorporator, for the purposes of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation

Article I

The name of the corporation is Insurance Benefit Concepts Inc.

Article II

The principal place of business address:

421 Montgomery Road 165 Altamonte Springs, FL 32714.  
The mailing address of the corporation is 421 Montgomery Road 165 Altamonte Springs, FL 32714

Article III

The purpose for which the corporation is organized is ANY AND ALL LAWFUL BUSINESS

Article IV

The number of shares the corporation is authorized to issue is 500

Article v

The name and Florida street address of the registered agent is

ALTAF KARIM, CPA

421 MONTGOMERY ROAD 165

ALTAMONTE SPRINGS, FL 32714

Article VI

The name and address of the incorporator is ALTAF KARIM, CPA  
421 MONTGOMERY ROAD 165  
ALTAMONTE SPRINGS, FL 32714

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Article VII

The initial officer and director of the corporation are

PRESIDENT

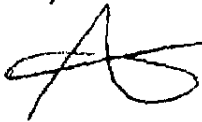
Gina Williamson  
1585 REDWOOD TERRACE  
LAKE MARY, FL 32746

VICE PRESIDENT

Gina Williamson  
1585 REDWOOD TERRACE  
LAKE MARY, FL 32746



Incorporator AL KARIM



Registered Agent AL KARIM