

P04000081624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05 MAY 19 PM 2:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** BETTER BENEFITS GROUP II, 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:** DANA DANTO

Name (Printed or typed)

411 N. CYPRESS DRIVE, UNIT 11

Address

TEQUESTA, FLORIDA 33469

City, State & Zip

561-748-9505

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)

### ARTICLE I NAME

The name of the corporation shall be:

BETTER BENEFITS GROUP II, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

411 N. CYPRESS DR., UNIT 11  
TEQUESTA, FL 33469

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT - INSURANCE SALES

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DANA DANTO, PRES.  
411 N. CYPRESS, DR., UNIT 11  
TEQUESTA, FL 33469

### ARTICLE VI REGISTERED AGENT

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

DANA DANTO  
411 N. CYPRESS DR., UNIT 11  
TEQUESTA, FL 33469

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DANA DANTO  
411 N. CYPRESS DR., UNIT 11  
TEQUESTA, FL 33469

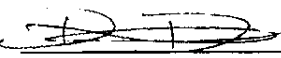
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

FILED

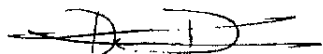
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
MAY 16, 2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
MAY 16, 2004

\_\_\_\_\_  
Date