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TRANSMITTAL LETTER

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

SUBJECT: ORC	CHARD BENEFITS CORPOR		
•	(PROPOSED CORPORA)	1	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: L	YONEL GARD		
	Name	(Printed or typed)	
	1860 SW 68 AVENUE #20)7 Address	
	MIRAMAR, FLORIDA 33	O23 State & Zip	
	754-244-8613	elephone number	
	20) - Mile -		

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: ORCHARD BENEFITS CORPORATION

FILED

05 MAY 19 PM 3: 07

GECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1860 SW 68 AVENUE #207
MIRAMAR, FLORIDA 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TELEMARKETING, 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): LYONEL GARD - PRESIDENT/OWNER 1860 SW 68 AVENUE # 207 MIRAMAR, FLORIDA 33023

ARTICLE VI REGISTERED AGENT

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

LYONEL GARD 1860 SW 68 AVENUE #207 MIRAMAR, FLORIDA 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYONEL GARD 1860 SW 68 AVENUE #207 MIRAMAR, FLORIDA 33023

Having been named-us registered agent to accept service of process for a certificate. I am femiliar with and accept the appointment as registered ag	
	05/18/04
Signature/Registered Agent	Date
Vivi she	05/18/04
Signature/Incorporator	Date