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Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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## FLORIDA PROFIT CORPORATION OR P.A.

United Benefit Port Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

**United Benefit Port Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**United Benefit Port Inc.**

3601 SW 2nd Avenue, Suite M  
Gainesville, FL 32607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 Shares at \$0.001 Par Value**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**H. Thomas Lane Jr.**  
**3601 SW 2nd Avenue, Suite M**  
**Gainesville, FL 32607**

*Prepared By:*  
**Bruce B. Hubbard**  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

H. Thomas Lane Jr.- President  
3601 SW 2nd Avenue, Suite M  
Gainesville, FL 32607


ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

H. Thomas Lane Jr.  
3601 SW 2nd Avenue, Suite M  
Gainesville, FL 32607

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of May 2004.

  
H. Thomas Lane Jr. - Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: **United Benefit Port Inc.**

2. The name and address of the registered agent and office is:

**H. Thomas Lane Jr.**

Name

**3601 SW 2nd Avenue, Suite M**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Gainesville, FL 32607**

(City / State / Zip)

*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
H. Thomas Lane Jr.  
SIGNATURE

May 18, 2004

(Date)