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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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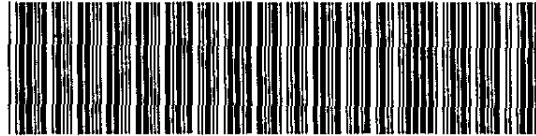
(Business Entity Name)

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## TRANSMITTAL LETTER

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

**SUBJECT:** Employee Benefit Plans, 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:**

Ursula Mollison

Name (Printed or typed)

3275 S. John Young Parkway, Suite 229

Address

Kissimmee, FL 34746

City, State & Zip

863-427-9776

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:

Employee Benefit Plans, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1275 S. John Young Parkway  
Gissimmee, FL 34746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting and Marketing of Employee Benefit Plans and any other lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 No Par

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jrsula Mollison, President-Director

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jrsula Mollison  
1275 S. John Young Parkway, Suite 229  
Gissimmee, FL 34746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jrsula Mollison  
1275 S. John Young Parkway, Suite 229  
Gissimmee, FL 34746

\*\*\*\*\*  
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

Jrsula Mollison

Signature/Registered Agent

11-22-0x

Date

Jrsula Mollison

Signature/Incorporator

11-22-0x

Date

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