

705000010054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

19  
1-20

## TRANSMITTAL LETTER

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

**SUBJECT:** BENSERVCO Corporation, 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:** Kalyn Lovett Deegan

Name (Printed or typed)

600 Bypass Drive, Suite 223C

Address

Clearwater, FL 33764

City, State & Zip

727-445-7550

x-203  
Daytime Telephone number

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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:

**BENSERVCO Benefits, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**600 Bypass Drive, Suite 223C  
Clearwater, FL 33764**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**To provide sales and support for group benefits to corporations.**

### 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):

**Eugene William Moore, CEO  
600 Bypass Drive, Suite 223C  
Clearwater, FL 33764**

**Amber Kammers, President  
600 Bypass Drive, Suite 223C  
Clearwater, FL 33764**

**Kalyn Deegan, Secretary and Treasurer  
600 Bypass Drive, Suite 223C  
Clearwater, FL 33764**

### ARTICLE VI REGISTERED AGENT

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

**Eugene William Moore  
600 Bypass Drive, Suite 223C  
Clearwater, FL 33764**


### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

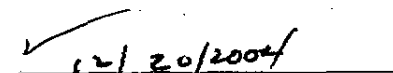
**Eugene William Moore  
600 Bypass Drive, Suite 223C  
Clearwater, FL 33764**

\*\*\*\*\*  
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

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

  
\_\_\_\_\_  
Date 12/20/2004

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

  
\_\_\_\_\_  
Date 12/20/2004

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