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

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Account Name : EMPIRE CORPORATE KIT COMPANY  
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STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**employment benefits services, inc.**

Certificate of Status	0
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(2)

**ARTICLES OF INCORPORATION  
OF**

**EMPLOYMENT BENEFITS SERVICES, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be: **EMPLOYMENT BENEFITS SERVICES, INC.**

The principal place of business of this corporation shall be:

**10300 SW 60 AVENUE  
MIAMI, FL 33156**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

**7,500 SHARES OF COMMON STOCK @ \$1.00 PAR VALUE**

**ARTICLE IV TERM OF EXISTENCE**

This Corporation is to exist perpetually.

**ARTICLE V OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) of the initial officers(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

**MAGDA C. PINA  
10300 SW 60 AVENUE  
MIAMI, FL 33156**

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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

**MAGDA C. PINA  
10300 SW 60 AVENUE  
MIAMI, FL 33156**

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this 2 day of 05, 2005.

Signature(s) of incorporator(s)

  
\_\_\_\_\_  
MAGDA C. PINA

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**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

EMPLOYMENT BENEFITS SERVICES, INC.

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

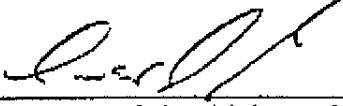
MAGDA C. PINA

10300 SW 60 AVENUE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33156

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate Officer) Magda C. Pina

TITLE: President

DATE: 2/25/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT, THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 

(Registered Agent) Magda C. Pina

DATE 2/25/05

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