

POS0000071359

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05/04/05--01023--006 \*\*78.75

FILED  
05 MAY 16 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1105-23194

T. Hampton MAY 17 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Daros Health Benefits, 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:** Adele E. Oliva

Name (Printed or typed)

4510 69th Avenue N.

Address

Pinellas Park, Florida 3371-5811

City, State & Zip

727-527-0672

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

RECEIVED

05 MAY 16 AM 9:20

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

May 9, 2005

ADELE E OLIVA  
4510 69TH AVE N  
PINELLAS PARK, FL 33781-5811

SUBJECT: DAROS HEALTH BENEFITS, INC.  
Ref. Number: W05000023196

We have received your document for DAROS HEALTH BENEFITS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 205A00032976

**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:

Daros Health Benefits, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4510 69th Avenue N.  
Pinellas Park, Florida 33781-5811

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Health and/or Medical Care Benefit Plan Services

**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):

Adele E. Oliva, President

**ARTICLE VI REGISTERED AGENT**

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

Adele E. Oliva  
4510 69th Avenue N.  
Pinellas Park, Florida 33781-5811

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Adele E. Oliva  
4510 69th Avenue N.  
Pinellas Park, Florida 33781-5811

\*\*\*\*\*

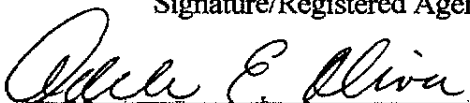
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

5/2/05

Date



Signature/Incorporator

5/2/05

Date

**FILED**

05 MAY 16 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA