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(Re	questor's Name)	
(Ad	ldress)	
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(Cn	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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	and a set No.	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECHETARY OF STATE

9/15/05 BUK

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	FILED
The name of the corporation shall be:	05 SEP 13 AM 10: 58
Hires Benefits Solutions, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Benerby Hills FL 34465	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The purpose for which the corporation is organized is: all lawful business in the state	of florida
ARTICLE IV SHARES	
The number of shares of stock is:	The state of the s
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	-
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registere	d agent is:
Daniel T. Hires	
Daniel T. Hires I Pennsylvania St Beverly Hills FL 34465	
Beverly Hills FL 34965	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	^ _ ~
Daniel T Hires	
Berry Hills FL 34465	********
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	
	9-12-05
Signature/Registered Agent O O O O O O O O O O O O O	9-12-05 9-12-05

ARTICLES OF INCORPORATION