

P06000 124012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800080121408

09/27/06--01018--010 \*\*78.75

*Handwritten signature*

FILED  
00 SEP 27 AM 12:55  
STATE  
CLERK OF SUPERIOR COURT

## COVER LETTER

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

SUBJECT: Benefit Solutions Group, 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: Seth Grosswald  
Name (Printed or typed)

7210 NW 40<sup>th</sup> St.  
Address

Coral Springs, FL 33065  
City, State & Zip

954-341-9506  
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:

Benefit Solutions Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7210 NW 40th St.  
Coral Springs, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The sale and support of insurance related products

**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):

Seth Grosswald	- 7210 NW 40th St. Coral Springs, FL 33065	- President
Michael Grosswald	- "	" - Vice-President
Levi Grosswald	- "	" - Vice-President
Matthew Grosswald	- "	" - Vice-President

**ARTICLE VI REGISTERED AGENT**

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

Seth Grosswald  
7210 NW 40th St.  
Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Seth Grosswald  
7210 NW 40th St.  
Coral Springs, FL 33065

\*\*\*\*\*

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



Signature/Incorporator

9/22/06

Date

9/22/06

Date

FILED  
06 SEP 27 AM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399