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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: We	est coast Fin	ancial Bene	fits, Inc	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the art	icles 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	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	DPY REQUIRED	
		•		
	0 0 1	. 011		
FROM:	R. Steni	hon Gathu	nan	
FROM: R. Stephen Gathman				
10014 N. Dale Mabry, Ste. 101				
	10014 N.D	aje Mabry,)(e,101	
		Address //		
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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)

<u>ARTICLE I</u>

The name of the corporation shall be: Westcoast Financial Benefits, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10014 N. Dale Mabry, Ste. 101 Tampa, FI 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

cales of insurance and investments

ARTICLE IV

100

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President: R. Stephen Gathman 10014 N. Dale Mabry, Ste, 101 Tampa, FZ 33618

ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
	R. Stephen G 10014 N. Dale	athman Mabry, Ste. 101 33618
	Tampa, FL	33618
ARTICLE VII	<u>INCORPORATOR</u>	1 Ll
The name and add	<u>Iress</u> of the Incorporator is: R Stephen (garnman (
	10014 N.D	ale Mabry, Ste. 101
	Tampa, Fr	Gathman ale Mubry, Ste.101 -33618
******	*************	**********
	is registered agent to accept service of process for the above ar with and accept the appointment as registered agent and o	
	[1002	Z-8-08
Signatur	e/Registered Agent	Date
	Your	2.8-08
Signatu	re/Incorporator	Date

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SECRETARY OF STATE FALLAHASSEE, FLORIDA