(Requestor's Name)	
(Address)	_ 800131
(City/State/Zip/Phone #)	-
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# **COVER LETTER**

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

SUBJECT: Flor	ida Benefit Advisors Inc			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00	□ \$78.75	\$78.75	<b>☑</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		,	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Jo	seph Singer			
	Name	(Printed or typed)	<del></del>	
4602 Hidden Shadow Dr.				
Address				
	Tampa, FL 33614			
	City	, State & Zip		
	-	•		
	813-310-4686			
		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:

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# FLORIDA BENEFIT ADVISORS INC

SECRETARY OF STATE TALLAHASSEE. FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 4602 HIDDEN SHADOW DR. TAMPA, FL 33614

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SELL MEDICAL INSURANCE AND ALL LEGAL BUSINESS ACTIVITIES PERMITTED BY THE STATE OF FLORIDA.

#### ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES NO PAR VALUE.

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JOSEPH SINGER-PRESIDENT 4602 HIDDEN SHADOW DR. TAMPA, FL 33614

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: JOSEPH SINGER 4602 HIDDEN SHADOW DR. TAMPA, FL 33614

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JOSEPH SINGER 4602 HIDDEN SHADOW DR. TAMPA, FL 33614

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

6(13/08 Date

6/13/08

Date