

PO9000017189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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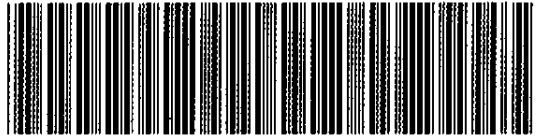
(Business Entity Name)

(Document Number)

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2009 FEB 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Silver Link Benefits 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: Viviana Artau
Name (Printed or typed)

2351 S DOUGLAS ROAD, SUITE 706
Address

MIAMI, FL 33145
City, State & Zip

(305) 444.1033
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Silver Link Benefits Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2351 S. DOUGLAS ROAD, SUITE 706, MIAMI, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide insurance and financial services and other related services to members of the community.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Viviana Artau / President

ARTICLE VI REGISTERED AGENT

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

Viviana Artau 2351 S. Douglas ~~RD~~ Road
Suite 706
Miami, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Viviana Artau 2351 S. Douglas Road
Suite 706
Miami, FL 33145

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

x Viviana Artau
Signature/Registered Agent
x Viviana Artau
Signature/Incorporator

2-19-2009
Date
2-19-2009
Date