

P10000036981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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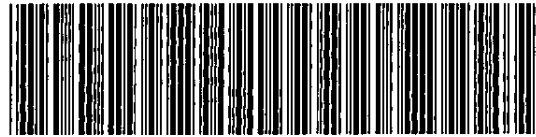
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

4-29-10 CH

COVER LETTER

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

SUBJECT: Benefits and Insurance Solutions, 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: Berta Maria Havens
Name (Printed or typed)
5550 Southwest 113 Ave
Address
Cooper City, Florida 33330
City, State & Zip
(754) 214-4799
Daytime Telephone number
berta2006@bellsouth.net
E-mail address: (to be used for future annual report notification)

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: Benefits and Insurance Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Berta Maria Havens - 5550 SW 113 Ave
Cooper City, Florida 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell health/life group individual insurance products

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Berta Maria Havens - 5550 SW 113 Ave - Cooper City, Florida
33330 - Managing Insurance Agent

ARTICLE VI REGISTERED AGENT

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

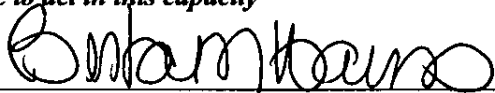
Berta Maria Havens - 5550 SW 113 Ave - Cooper
City, Florida 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Berta Maria Havens - 5550 SW 113 Ave
Cooper City, Florida 33330

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

4/22/10
Date

4/22/10
Date