P10000036981

(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

500178261115

04/28/10--01032--011 **87.50

FILED
10 APR 28 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-29-10 CR

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

FILED
10 APR 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 — Date: 4/22/10

Signature/Incorporator — Date: 4/22/10