

# P/2000078931

\_\_\_\_\_  
(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:

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12 SEP 14 AM 11:52  
TALLAHASSEE, FLORIDA  
STATE

*K 09/18/12*

September 10, 2012

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

Re: P10000030569  
Total Choice Info Benefit Inc

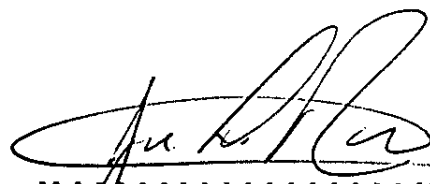
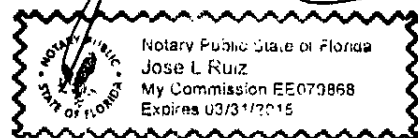
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305 595-2407.

Sincerely,

  
Santo F. Mato

RECEIVED  
12 SEP 14 AM 11:52  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

## COVER LETTER

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

**SUBJECT: TOTAL CHOICE INFO BENEFIT 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: L & M ACCOUNTING SERVICES INC

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201F

Address

MIAMI, FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

mariaquiros9@hotmail.com

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: **TOTAL CHOICE INFO BENEFIT INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**6112 SW 147 PL CIRCLE**  
**MIAMI, FLORIDA 33193**

Mailing address, if different is:  
**7750 SW 117 AVE SUITE 201F**  
**MIAMI, FLORIDA 33183**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LEGAL PURPOSES**

EIN# 80-0575553

**ARTICLE IV SHARES**

The number of shares of stock is: **100 @ \$1.00 ea**

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

Name and Title: **SANTO F. MATO PRESIDENT**  
Address: **6112 SW 147 PL CIRCLE**  
**MIAMI, FLORIDA 33193**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **SANTO F. MATO**  
Address: **6112 SW 147 PL CIRCLE**  
**MIAMI, FLORIDA 33193**

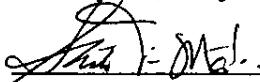
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **SANTO F. MATO**  
Address: **6112 SW 147 PL CIRCLE**  
**MIAMI, FLORIDA 33193**

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12 SEP 14 AM 11:52  
TALLAHASSEE, FLORIDA

*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*



Required Signature/Registered Agent

9/10/12

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

9/10/12  
Date