

P/300000/999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

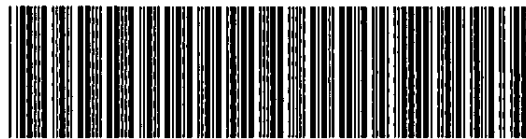
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200242933402

01/04/13--01021--014 **87.50

FILED
13 JAN -4 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/13

Dennis M Sullivan
1605 Lancashire Drive
Venice, FL 34293
T 516 409-6381

January 1, 2013

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

SUBJECT: A&A Benefit Consultants Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

{X} \$87.50

Filing Fee Filing Certified Copy
Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

Dennis M Sullivan

1605 Lancashire Drive

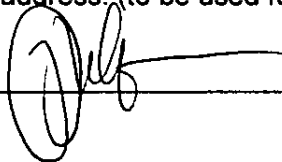
Venice, FL 34293

Daytime Telephone – 516 409-6381

dennis_m_sullivan@msn.com

E-mail address: (to be used for future annual report)

Signature:



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: **A&A Benefit Consultants Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street and mailing address:

1605 Lancashire Drive
Venice, FL 34293

ARTICLE III EFFECTIVE DATE

The effective date on which the corporation is organized is:

January 1, 2013

ARTICLE IV PURPOSE

The purpose for which the corporation is organized is:

Provide insurance broker services specializing in employee benefit plans

ARTICLE V SHARES

The number of shares of stock is: 200

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dennis M. Sullivan, President

Address: 1605 Lancashire Drive
Venice, FL 34293

ARTICLE VII REGISTERED AGENT

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

Name : Dennis M. Sullivan

Address: 1605 Lancashire Drive
Venice, FL 34293

FILED
13 JAN -4 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name : Dennis M. Sullivan
Address: 1605 Lancashire Drive
Venice, FL 34293

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

January 1, 2013

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

January 1, 2013

Date

FILED
13 JAN -4 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA