

P13000046186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

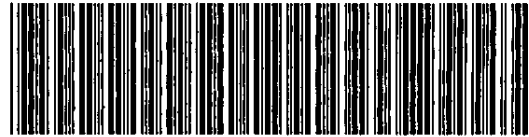
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800247641618

05/10/13--01013--009 \*\*78.75

W13-28151

FILED

13 MAY 24 PM 1:06

STOCKPORT, ILLINOIS  
FBI/DOJ

SEARCH MAY 9 9 2013

push

## COVER LETTER

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

SUBJECT: AD Benefits and Strategies, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Rachel Adkins  
Name (Printed or typed)

4315 Cascada Circle  
Address

Cooper City, FL 33024  
City, State & Zip

954-290-3275  
Daytime Telephone number

rachellynadkins@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

13 MAY 24 AM 10:15

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2013

RACHEL ADKINS  
4315 CASADA CIRCLE  
COOPER CITY, FL 33024

SUBJECT: AD BENEFITS AND STRATEGIES, INC  
Ref. Number: W13000028151

We have received your document for AD BENEFITS AND STRATEGIES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00011915

**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: AD Benefits and Strategies, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4315 Cascada Circle  
Cooper City, FL  
33024

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful  
business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Rachel Adkins, President

Address: 4315 Cascada Circle  
Cooper City, FL  
33024

Name and Title: Joshua Adkins, Vice President

Address: 4315 Cascada Circle  
Cooper City, FL  
33024

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

FILED  
13 MAY 24 PM 4:05  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Rachel Adkins  
Address: 4315 Cascada Circle  
Cooper City, FL 33024

FILED  
13 MAY 24 PM 4:06  
TALLAHASSEE  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rachel Adkins  
Address: 4315 Cascada Circle  
Cooper City, FL 33024

*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*

<u>Rachel Adkins</u>	<u>5/7/13</u>
Required Signature/Registered Agent	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.*

<u>Rachel Adkins</u>	<u>5/7/13</u>
Required Signature/Incorporator	Date