

P13 0000 95310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

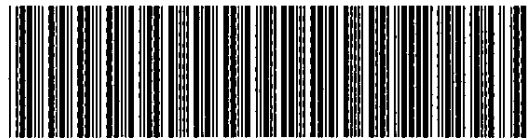
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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13 NOV 22 PM 2:16

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November 13, 2013

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

NOV 22 PM 2:16

Re: P12000078931 Total Choice Info Benefit Inc

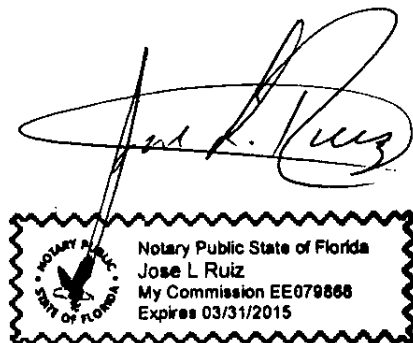
To whom it may concern:

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.

Sincerely,

Santo F. Mato



## 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **MARIA E RUIZ**

Name (Printed or typed)

**7750 SW 117TH AVE SUITE 201D**

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 117TH AVE SUITE 201D  
MIAMI FLORIDA 33183

**ARTICLE III PURPOSE**

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

*Tax I.D.# 80-0575553*

**ARTICLE IV SHARES**

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

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

Name and Title: SANTO F MATO, PRES

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: \_\_\_\_\_

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(conti.)

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: 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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*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

11/13/2013

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

11/13/2013

Date