

**P/4000001838**

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**M Employee Benefits, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

*[Signature]* 01/09/14

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14 JAN -8 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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14 JAN -8 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** M Employee Benefits, 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:** Reggy Williams  
Name (Printed or typed)  
PO Box 41  
Address  
Portland ME 04112-0041  
City, State & Zip  
866-683-8115  
Daytime Telephone number  
pwilliams@memployeebenefits.com  
Email 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: M. Employee Benefits, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 311 North Victoria Park Road  
Mailing address, if different is: PO Box 2432  
Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33303

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The Company is formed for the purpose of providing employee benefits, financial planning, and asset management services, and all other purposes permitted under the Florida Business Corporation Act and approved by the Managers. The Company shall have the authority to do all things necessary or convenient to accomplish its purpose and operate its business.

**ARTICLE IV SHARES**  
The number of shares of stock is: 3000 shares.

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

Name and Title: Matthew K. Arbo Director and President Name and Title: \_\_\_\_\_  
Address: 311 North Victoria Park Road Address: \_\_\_\_\_  
Fort Lauderdale, FL 33301 \_\_\_\_\_

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

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

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PALM BEACH, FLORIDA

(cont.)

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: CT Corporation System

Address: 1200 South Pine Island Road  
Plantation, FL 33324

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 STATE  
 FALLASSSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Matthew K. Arbo

Address: 311 North Victoria Park Road  
Fort Lauderdale, FL 33301

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 and I agree to act in this capacity

By: Tammy J. Jetter 06 118114  
 CT Corporation System Vice President Date  
 Required Signature/Registered Agent

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.

Matthew K. Arbo 01/08/2014  
 Required Signature/Incorporator Date