

P15000056902

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(Business Entity Name)

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Special Instructions to Filing Officer:

WIS-44981

Office Use Only



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06/26/15--01002--011 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -2 PM 1:49

APPROVED
AND
FILED

W/H

COVER LETTER

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

SUBJECT: Benefits Universe 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: Arthur Hoffman

Name (Printed or typed)

5074 NW 86 Way

Address

Coral Springs Florida 33067

City, State & Zip

954-609-4924

Daytime Telephone number

artiehoffman@bellsouth.net

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2015

ARTHUR HOFFMAN
5074 NW 86 WAY
CORAL SPRINGS, FL 33067

SUBJECT: BENEFITS UNIVERSE
Ref. Number: W15000044981

We have received your document for BENEFITS UNIVERSE 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 015A00013885

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JUL -2 PM 1:43

ARTICLE I NAME

The name of the corporation shall be: Benefits Universe Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5074 NW 86 Way Coral springs Florida 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling Insurance Products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arthur Hoffman President

Name and Title: Robin Hoffman Vice president

Address 5074 NW 86 Way

Address: 5074 NW 86 Way

Coral Springs Florida 33067

Coral Springs Florida 33067

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

15 JUL -2 PM 1:43

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Arthur Hoffman

Address: 5074 NW 86 Way Coral Springs Fl 33067

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Arthur Hoffman

Address: 5074 NW 86 Way Coral Springs Fl 33067

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/6/15
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

6/6/15
Date