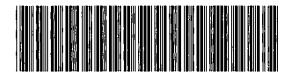
## P15000056902

(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:					
WS-44981					

Office Use Only



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06/26/15--01002--011 \*\*78.75 ·

SECRETARY OF STATE





## **COVER LETTER**

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

SUBJECT: Benefits	Universe Inc.					
SUBJECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 REQUIRE					
FROM:	hur Hoffman Nam	e (Printed or typed)				
507	4 NW 86 Way					
<del></del>		Address				
Cor	al Springs Florida 33067					
<del></del>	City, State & Zip					
954	-609-4924					
	Daytime Telephone number					
artie	hoffman@bellsouth.net					
<del>-</del>	E-mail address: (to be use	d for future annual report r	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



## ARTICLES OF INCORPORATION

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

15 JUL -2 PM 1:43

RTICLE II PRIN	ation shall be:		SECRETARY OF STATE
	CIPAL OFFICE Principal street address		Mailing address, if different is:
74 NW 86 Way Cor	ral springs Florida 33067		
RTICLE III PURF ne purpose for which	POSE the corporation is organized is:	Insurance Products	
TICLE IV SU	RES		
ne number of shares o	Arthur Hoffman Precident		Robin Hoffman Vice president
RTICLE V INITI  Name and Tit	of stock is: 100  AL OFFICERS AND/OR DIRECTOR:  le: Arthur Hoffman President	S Name and Title	
ne number of shares o	Arthur Hoffman Precident		Robin Hoffman Vice president  5074 NW 86 Way  Coral Springs Florida 33067
RTICLE V INITI  Name and Tit	AL OFFICERS AND/OR DIRECTORS  le:  5074 NW 86 Way  Coral Springs Florida 33067	Name and Title Address:	5074 NW 86 Way  Coral Springs Florida 33067
Name and Tit Address	AL OFFICERS AND/OR DIRECTORS  le:  5074 NW 86 Way  Coral Springs Florida 33067	Name and Title Address:  Name and Title	5074 NW 86 Way  Coral Springs Florida 33067
Name and Tith	AL OFFICERS AND/OR DIRECTORS  Let Arthur Hoffman President  5074 NW 86 Way  Coral Springs Florida 33067	Name and Title Address:  Name and Title	5074 NW 86 Way  Coral Springs Florida 33067
Name and Tith  Address	Arthur Hoffman President  5074 NW 86 Way  Coral Springs Florida 33067	Name and Title Address:  Name and Title Address:	5074 NW 86 Way  Coral Springs Florida 33067



15 JUL -2 PM 1:43

Name at	nd Title:	_ Name and Title:	CECNETORY OF STATE
Addres	s	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		· - =-	
<u>ARTICLE VI</u>	DECISTEDED ACENT		
The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent	is:
Name:	Arthur Hoffman		
	5074 NW 86 Way Coral Springs Fl 33067	-	
Address:		-	
		_	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and ag	ddress of the Incorporator is:		
Name:	Arthur Hoffman		
Address:	5074 NW 86 Way Coral Springs Fl 33067	•	
radioss,		-	
		-	
4 B. C.			
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPT	IONAL)
(If an effective d	ate is listed, the date must be specific and canno	t be more than five	business days prior or 90 business
days after the fil	ling.)		
	inserted in this block does not meet the applicable	statutory filing requ	irements, this date will not be listed as
the document's e	ffective date on the Department of State's records.		
Havine been nan	ned as registered agent to gccept service of process	for the above states	l cornoration at the place designated in
this certificate, I	am familiar with and geept the appointment as reg	istered agent and ag	ree to act in this capacity
(			10/4/15
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware th	at the false information submitted in a
document to the	Department of State constitutes a third degree felon	v as provided for in	s.817.155, F.S.
4	1 /h		alilit
Requi	red Signature recorporator		Date