

**Electronic Articles of Incorporation
For**

P19000005424
FILED
January 14, 2019
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CORE INSURANCE BENEFITS INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

CORE INSURANCE BENEFITS INC

Article II

The principal place of business address:

360 WILSHIRE BLVD
SUITE 103
CASSELBERRY,, FL. US 32707

The mailing address of the corporation is:

1014 MOCCASIN RUN RD
OVIEDO, FL. US 32765

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1

Article V

The name and Florida street address of the registered agent is:

DARLA R CINTRON
1014 MOCCASIN RUN RD
OVIEDO, FL. 32765

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DARLA R CINTRON

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Article VI

The name and address of the incorporator is:

DARLA R CINTRON
1014 MOCCASIN RUN RD

OVIEDO, FL 32765

Electronic Signature of Incorporator: DARLA R CINTRON

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES
DARLA R CINTRON
1014 MOCCASIN RUN RD
OVIEDO, FL. 32765 US