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COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	TE NAME F MUST INCL	IAM K OBOLE UDE SUFFIX)	en Co
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FRОМ: 🏒	SA Recretits G	roup. (A) um e (Printed or typed)	R. O.Brien	Cop
	4116 Lamson	Ave Address		
, view_abstern	Spring Hill City,	-		
	352 Daytime 1	- 2 6 9 - 1 2 9 Telephone number	16	

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

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

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

The name of the corporation shall be: USA Benefits Group, William R. O'Brien Cor	~ <i>f</i> -
ARTICLE II PRINCIPAL OFFICE Principal street address UIII (p Lamson Ave Mailing address, if different is:	,
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To engage in insurance Sales here in permitted and authorized and through its stricers agents and employees who are in good standing and duly huensed within the State of Floring. To invest in real estate or stocks or	
Delsonal property for Fulfilling these purposes. ARTICLEIV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: William & OBrien Name and Title: Blake A DBrien	
Address President and Director Address: Birector 4116 Lamson Ave 4116 Lamson Ave	
Spring Hill FL 34608 Spring 115112563460	28
Name and Title: Evan Robert O'Brien Name and Title:	
Address Address:	
4116 Lomson Ave	
Spring Hill F) 34608	
Name and Title: Stacy Lynn SullivanName and Title:	
Address Secretary and Assertar Address:	
Address Secretary and Bisector Address: -1116 Lamson Ave	
Spring Hill FL 34608	

Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information su document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name and Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: William R. O'Brien Address: Hill Lamson Ave Spring Hill Fl 344608	. Address	Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: William R. O Brien Address: Hill Lams on Ave Spinal Hill Fl 34/408	 		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: ARTICLE VIII FFECTIVE DATE: Effective date, if other than the date of filing: Office A Julia A Julia ARTICLE VIII FFECTIVE DATE: Effective date is listed, the date must be specific and cannot be more than five days prior or 90 days aft filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 design certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information sudocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		<u> </u>	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Article VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Office A Sylvos ARTICLE VIII EFFECTIVE DATE: Effective date is listed, the date must be specific and cannot be more than five days prior or 90 days aftiling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 design certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information sudocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ADTICLE IV. DEGLETEDED ACRUM		
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