

TRANSMITTAL LETTER

P960000 84981

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

SUBJECT: Medical Benefits Corp.

(Proposed corporate name - must include "Inc.")

96001973197--8

-10/15/96--01012--010

****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jay C. Bumpers, III

Name (Printed or typed)

1907 SW Mooring Drive

Address

Palm City, FL 34990

City, State & Zip

561-223-5316

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 14 PM 12:34

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

5/10/15

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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SECTION 14
DIVISION OF CORPORATIONS
96 OCT 14 PM 12:34

ARTICLE I NAME

The name of the corporation shall be: Medical Benefits Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1907 SW Mooring Drive
Palm City, FL 34990

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jay C. Bumpers, III
1907 SW Mooring Drive
Palm City, FL 34990

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

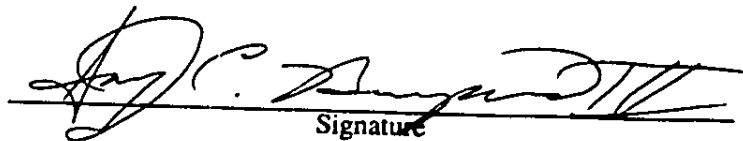
Jay C. Bumpers, III

1907 SW Mooring Drive
Palm City, FL 34990

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of October, 19 96.

(An additional article must be added if an effective date is requested.)


Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Medical Benefits Corp.

2. The name and address of the registered agent and office is:

Jay C. Bumpers, III

(NAME)

1907 SW Mooring Drive

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Palm City, FL 34990

(CITY/STATE/ZIP)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

October 11, 1996

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314