

P98000018076

TRANSMITTAL LETTER

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

300002439523--5

-02/24/98--01087--009
***122.50 ***122.50

SUBJECT: PREMIER BENEFITS SERVICES, Inc
(Proposed corporate name - must include suffix)

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:

PREMIER BENEFITS SERVICES, Inc
Name (printed or typed)

3257 US Hwy 19
Address

Spring Hill, FL 34606
City, State & Zip

352-686-5670
Daytime Telephone number

FILED
98 FEB 24 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Premier Benisoff GAVE

AUTHORIZATION BY PHONE TO

CORRECT

DATE

COO. EXAM.

certif. art. 4 art. 5
2/25/98
fm

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

2/25/98
fm

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.

ARTICLE I NAME

The name of the corporation shall be:

PREMIER BENEFITS SERVICES, Inc

ARTICLE II PRINCIPAL OFFICE

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

3257 US Hwy 19
Spring Hill, FL
34606

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ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVE BREEDEN
1194 Aladdin Rd
Spring Hill, FL
34608

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):

Paul Orsengraten
3257 US Hwy 19
Spring Hill, FL
34606

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

23 day of Feb., 19 98

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


Signature

Signature

Signature

Notarization is not required

**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: PREMIER BENEFITS SERVICES, Inc

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

DAVE BREEDEN
(NAME)

1194 Aladdin Rd
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Spring Hill FL 34608
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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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.

Dave Breeden
(SIGNATURE)

2/23/98
(DATE)