

PG8000071962

Richard M. Smith

Requestor's Name

3375 - E2 Capital Circle NE

Suite 3 Address

Tallahassee FL 32308

City/State/Zip

Phone #

FILED

98 AUG 18 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Professional Educators Benefits Company
(Corporation Name) (Document #)

2. (Corporation Name) (Document #) 3000002618793-7

3. (Corporation Name) (Document #) -08/18/98-01044-001
*****70.00 *****70.00

4. (Corporation Name) (Document #)

☒ Walk in ☐ Pick up time

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Service

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P. Hall

AUG 18 1998
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Examiner's Initials

AFFIDAVIT

STATE OF FLORIDA

s. s. Tallahassee

COUNTY OF LEON


BEFORE ME, the undersigned authority, appeared MARLOW WHITE, who, being personally well-known to me and duly sworn and under oath, solemnly declares:

1. My name is Marlow White and I am an attorney at law with offices at 216 W. College Avenue, Suite 201, Tallahassee, Florida.

2. I am the Registered Agent of record for Professional Educators Benefits Company, a Florida corporation, which filed its articles of dissolution with the Florida Department of State on June 19, 1998.

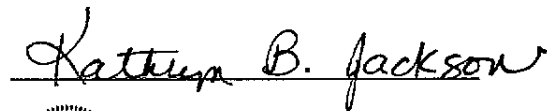
3. To my knowledge the sole directors of Professional Educators Benefits Company at the time that the articles of dissolution were adopted and filed with the Florida Department of State are James W. Geiger and Robert F. Lee.

FURTHER THE AFFIANT SAYETH NAUGHT.



MARLOW V. WHITE

IN WITNESS WHEREOF, I have set my hand and official seal on this 7th day of August, 1998.





Kathryn B. Jackson
MY COMMISSION # CC760989 EXPIRES
April 30, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

AFFIDAVIT

STATE OF FLORIDA

s. s. Tallahassee

COUNTY OF LEON

BEFORE ME, the undersigned authority, appeared JAMES W. GEIGER and ROBERT F. LEE, who, being personally well-known to me and duly sworn and under oath, solemnly declare:

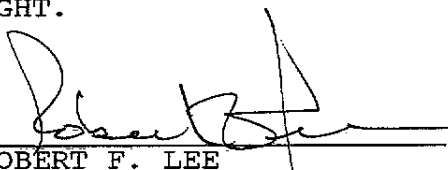
1. Our names are JAMES W. GEIGER and ROBERT F. LEE and we are the last and sole members of the board of directors of Professional Educators Benefits Company, a dissolved Florida corporation, whose principal address was 1220 E. Park Avenue, Tallahassee, Florida.

2. On June 19, 1998, we duly adopted and caused the filing of articles of dissolution of Professional Educators Benefits Company with the Florida Department of State on June 19, 1998.

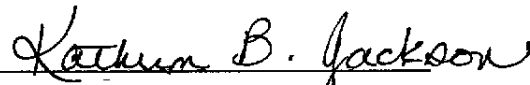
3. We are giving this affidavit to confirm and attest that we will not revoke the dissolution of Professional Educators Benefits Company and to confirm and attest that, for ourselves and for the Company, we release all rights of the name Professional Educators Benefits Company to Richard M. Smith.

FURTHER THE AFFIANTS SAYETH NAUGHT.


JAMES W. GEIGER


ROBERT F. LEE

IN WITNESS WHEREOF, I have set my hand and official seal on this 7th day of August, 1998.





Kathryn B. Jackson
MY COMMISSION # CC760989 EXPIRES
April 30, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

ARTICLES OF INCORPORATION
for
PROFESSIONAL EDUCATORS BENEFITS COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE ONE - NAME

The name of the corporation shall be Professional Educators Benefits Company.

ARTICLE TWO - PRINCIPAL OFFICE

The principal place of business of this corporation shall be: 3375-E2 Capital Circle Northeast, Suite 3, Tallahassee, Florida 32308.

The mailing address of this corporation shall be: Post Office Box 37102, Tallahassee, Florida 32315-7102.

ARTICLE THREE - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND STREET ADDRESS

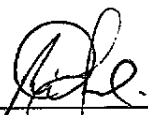
The name and Florida street address of the initial registered agent is: Richard M. Smith, 3375-E2 Capital Circle Northeast, Suite 3, Tallahassee, Florida 32308.

ARTICLE FIVE - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Richard M. Smith
3375-E2 Capital Circle Northeast
Suite 3
Tallahassee, Florida 32308

The undersigned incorporator has executed these Articles of Incorporation this 22nd day of July, 1998.



Richard M. Smith

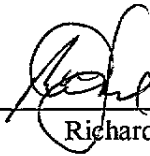
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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 AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA

1. The name of the corporation is Professional Educators Benefits Company.
2. The name and address of the registered agent and office is:

Richard M. Smith
3375-E2 Capital Circle Northeast
Suite 3
Tallahassee, Florida 32308

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.



Richard M. Smith

Dated: 7/22/98

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TALLAHASSEE, FLORIDA