

TRANSMITTAL LETTER

P98000098423

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

SUBJECT: SAC Benefit INC
(Proposed corporate name - must include suffix)

000002694550--1
-11/24/98--01002--007
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Sandra A. Callier
Name (Printed or typed)

1080 Longstreet DR
Address

Tallahassee Fla 32311
City, State & Zip

850) 309-6762
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV 23 PM 3:42

FILED

F. SMITH NOV 23 1998

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SAC Benefit INC

ARTICLE II PRINCIPAL OFFICE

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

1080 Long Street DR P.O. Box 37096
Tall FL 32311 Tall, FL 32315

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Sandra A. Collier

1080 Long Street DR
Tall FL 32311

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Sandra A. Collier

1080 Long Street DR
Tall FL 32311


Signature/Incorporator

Nov, 23, 1998
Date

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

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/Registered Agent

Nov, 23, 1998
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA