

TRANSMITTAL LETTER

P99000019378

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

SUBJECT: USMG Benefit Plans, Inc.
(Proposed corporate name - must include suffix)

500002788755--8
-02/26/99--01076--012
****131.25 *****87.50

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: SHERI STRAUCH
Name (Printed or typed)
1282 NE BUSINESS PARK PLACE
Address
JENSEN BEACH, FL 34957
City, State & Zip
1-800-774-0033, EXT. 116
Daytime Telephone number

FILED
99 FEB 26 AM 10:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

USMG Benefit Plans, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1282 NE Business Park Place
Jensen Beach, Florida 34957

ARTICLE III SHARES

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000) Shares
No Par Value Common Stock

ARTICLE IV REGISTERED AGENT

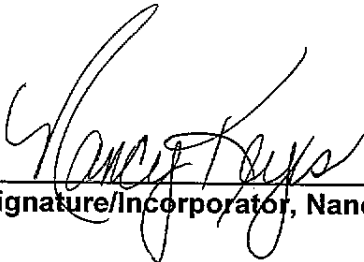
The name and Florida street address of the initial registered agent are:

Nancy Keyes
1282 NE Business Park Place
Jensen Beach, Florida 34957

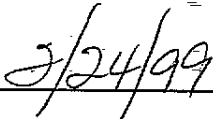
ARTICLE V INCORPORATOR

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

Nancy Keyes
1282 NE Business Park Place
Jensen Beach, Florida 34957

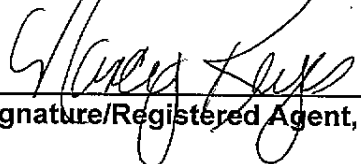


Signature/Incorporator, Nancy Keyes

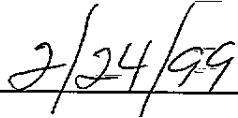


Date

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 obligation of my position as registered agent.



Signature/Registered Agent, Nancy Keyes



Date

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DIVISION OF CORPORATIONS
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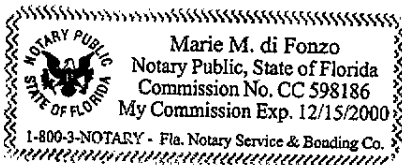
STATE OF FLORIDA)
COUNTY OF MARTIN)

On this 24th day of February, 1999, before me, the undersigned Notary Public, personally appeared

Nancy Keyes

known to me to be the person whose name is subscribed to the foregoing Articles of Incorporation and acknowledge that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.




Notary Public, Marie M. di Fonzo
My Commission Expires: 12/15/2000

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