

P99000104016

JAMES R. THIES, SR.

Attorney at Law

\* Certified Mediator

November 24, 1999

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Employer Benefits Solutions, Inc.

400003055474-1

-11/29/99--01120--003

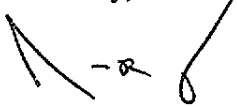
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

Enclosed for filing please find the original Articles of Incorporation for Employer Benefits Solutions, Inc. along with my firm's check in the amount of \$78.75. It is my understanding that you will return a certified copy of the Articles of Incorporation directly to my office.

Thank you for your cooperation in this matter. If I may be of further assistance, please do not hesitate to contact me or my assistant, Lori.

Sincerely,



James R. Thies, Sr.

JRT;lhmm

Enclosures

FILED  
99 NOV 29 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
99 NOV 29 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopt(s) the following Articles of Incorporation for such corporation:

1. Name. The name of this corporation is EMPLOYER BENEFITS SOLUTIONS, INC.
2. Duration. The period of its duration is perpetual.
3. Purpose. The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.
4. Capital Stock. The corporation is authorized to issue one thousand (1,000) shares, all of one class, at par value.
5. Initial Registered Office and Agent. The name and address of the initial registered agent and office of this corporation is as follows:  
  
Lynn W. Thies  
572 Hibernia Oaks Drive  
Green Cove Springs, Florida 32043
6. Initial Board of Directors. This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one.  
  
The names and addresses of the initial directors of this corporation are:  
  
President, Vice President, Secretary and Treasure  
  
Lynn W. Thies  
572 Hibernia Oaks Drive  
Green Cove Springs, Florida 32043
7. Incorporator(s). The names(s) and address(es) of the Incorporator(s) signing these Articles of Incorporation (is) (are):  

Lynn W. Thies
8. Amendment of Articles. This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles

of Incorporation this 24<sup>th</sup> day of November, 1999.

*Lynn W. Thies*  
LYNN W. THIES, President

*Lynn W. Thies*  
LYNN W. THIES, Registered Agent

**STATE OF FLORIDA  
COUNTY OF CLAY**

BEFORE ME, the undersigned authority, this day personally appeared LYNN W. THIES, who being first duly sworn, deposes and says, she is the President named in the foregoing and said Articles were executed freely and voluntarily.

Sworn to and subscribed before me this 24<sup>th</sup> day of November, 1999, by LYNN W. THIES. Such person did take an oath and is personally known to me.

{Notary seal must be affixed}



*Lori H. Mc Lain*  
SIGNATURE OF NOTARY

\_\_\_\_\_  
Name of Notary (Typed, Printed or Stamped)

**ACCEPTANCE**

I certify that I am a permanent resident of Clay County, Florida, whose address is 572 Hibernia Oaks Drive, Green Cove Springs, Florida 32043. I hereby accept the foregoing designation as Resident Agent.

*Lynn W. Thies*  
Lynn W. Thies  
Resident Agent

**STATE OF FLORIDA  
COUNTY OF CLAY**

BEFORE ME, the undersigned authority, this day personally appeared LYNN W. THIES, who being first duly sworn, deposes and says, she is the Registered Agent named above and accepts said designation freely and voluntarily.

Sworn to and subscribed before me this 24 day of November, 1999, by LYNN W. THIES. Such person did take an oath and is personally known to me.

{Notary seal must be affixed}



*Lori H. Mc Lain*  
SIGNATURE OF NOTARY

\_\_\_\_\_  
Name of Notary (Typed, Printed or Stamped)