

PI3000070982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

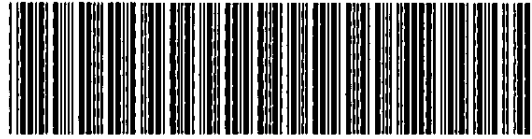
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/28/13--01001--004 **157.50

RECEIVED
13 AUG 27 PM 1:58
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 27 AM 7:44

8/28

Sunstate Research
Requester's Name

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 AUG 27 AM 7:44

Address
City/State/Zip Phone #
656-5454

Office Use Only

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

1. Choice Employee Benefits Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CHOICE EMPLOYEE BENEFITS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7308 CORTES LAKE DRIVE
DELRAY BEACH FL 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOWARD, N. SILVERSTEIN ame and Title: _____

Address 7308 CORTES LAKE DRIVE Address: _____
DELRAY BEACH FL 33446 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

13 AUG 27 AM 7:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HOWARD N. SILVERSTEIN
 Address: 7308 CORTES LAKE DRIVE
DELRAY BEACH FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HOWARD N. SILVERSTEIN
 Address: 7308 CORTES LAKE DR.
DELRAY BEACH FL 33446

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

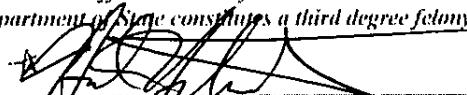


 Required Signature/Registered Agent

8/23/13

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

8/23/13

 Date