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(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch MAR 24 2006.

COVER LETTER

F COVER LETTER				
TO: New Filing Section Division of Corporations				
SUBJECT: William Benham Incorporated				
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Patricia R. Benham				
(Name of Person)				
William Benham Incorporated				
(Firm/Company)				
507 NE 45th Terrace				
(Address)				
Ocala, FL 34470				
(City/State and Zip code)				
For further information concerning this matter, please call:				
John Q. Adams, II, CPA at (352) 237-3200				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Tallallassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503. FEORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

_{1.} <u>William</u>	Benham Incorpora	ated				
	orporation; must include "INCORP	ORATED	," "COMPANY," "CORPORA	TION,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")					
	İ					
(If name unavailal	ble in Florida, enter alternate corpo	rota nama	adapted for the number of trans	oatina busir	nogg in Florida)	
	- '		· -	acting busin	less in Florida)	
_{2.} <u>Nevada</u>			06-1661069	<u> </u>	· <u>·</u>	, - ,
	inder the law of which it is incorpo		(FEI number, it	`applicable))	
_{4.} July 12,	2002	5.	Perpetual		· <u>-</u>	
(Date of	of incorporation)		(Duration: Year corp. will cea	ise to exist o	or "perpetual")	
_{6.} Jan. 1, 2	.006					
	(Date first transacted		n Florida, if prior to registration		SEC SEC	•
0044.14			502, F.S., to determine penalty I	ability)		
_{7.} 2911 Me	eade Avenue, Las	<u> </u>		· · · · · ·	ART 5	
	(Principal		•		HSSE 17 17 17 17 17 17 17 17 17 17 17 17 17	m
507 NE 45th Terrace, Ocala, FL 34470						O
	(Current n	ailing add	lress)		\$ €	
۸ ماد ده ساد ۵					\$\frac{1}{2} \frac{1}{2} \frac{1}{2}	
· ——	ing and related sa	<u> </u>		071 113	<u> </u>	and Sometimes
(Purpose(s)	of corporation authorized in home	state or co	ountry to be carried out in state of	f Florida)		
9. Name and street	address of Florida registered as	gent: (P.C). Box NOT acceptable)			
Name:	Patricia R. Benh	am				
Name:		 	<u></u>	*= * =		
Office Address:	507 NE 45th Ter	race				
	Ocala	!	, Florida 34470			
	(City)	1	(Zip code)			
(A. Dantarana)	49	1				
10. Registered age	ent's accentance:	1				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	TAS 2
	LAR M
Vice Chairman:	ASS 2
Address:	
	ORDE 40
Director: Patricia R. Benham	DA #0
Address: 507 NE 45th Terrace	
Ocala, FL 34470	
Director:	4
Address:	
B. OFFICERS	
President: William H. Benham	
Address: 507 NE 45th Terrace	
Ocala, FL 34470	
Vice President:	
Address:	
Addicss.	
Secretary: Patricia R. Benham	
Address: 507 NE 45th Terrace,	Ocala, FL 34470
Treasurer: Patricia R. Benham	
Address: 507 NE 45th Terrace	. Ocala. FL 34470
Address:	4
NOTE: If necessary, you may attach an adden	ndum to the application listing additional officers and/or directors.
13. Patricio Parlan	**************************************
(Signature of Director or	r Officer listed in number 12 of the application)
14	ne and capacity of person signing application)
CLYDEA OF DEINIEA DAM	IS AND CAUNCILY OF DELSOR SIMBLE ADDITION I

SECRETARY OF STATE



SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WILLIAM BENHAM INCORPORATED, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 12, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 23, 2006.

DEAN HELLER

Secretary of State

Certification Clerk

where urr