

# File 0000005138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

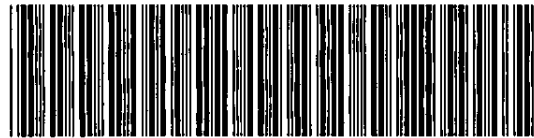
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/20/16--01025--001 \*\*70.00

16 NOV 14 PM 1:39

FILED  
CLERK OF COURT  
JULY 14 2016

NOV 17 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEN JACOBSON CONSULTANTS, INC.

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," or "Certificate of Good Standing" 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:

**MARSHA SIHA**

Name of Person

**INCFILE.COM LLC**

Firm/Company

**134 VINTAGE PARK BLVD A-50**

Address

**HOUSTON TX 77070**

City/State and Zip code

**Efile 1234 @ Incfile . Com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARSHA SIHA**

**888**

**462-3453 X 701**

at ( )

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2016

MARSHA SIHA  
INCFILE.COM LLC  
134 VINTAGE PARK BLVD A-50  
HOUSTON, TX 77070

SUBJECT: BEN JACOBSON CONSULTANTS, INC.  
Ref. Number: W16000065303

RECEIVED  
2016 NOV 14 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BEN JACOBSON CONSULTANTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 216A00020314

FILED  
2016 NOV 14 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2016

MARSHA SIHA  
INCFIL.COM LLC  
134 VINTAGE PARK BLVD A-50  
HOUSTON, TX 77070

SUBJECT: BEN JACOBSON CONSULTANTS, INC.  
Ref. Number: W16000065303

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 OCT 18 PM 2:09

RECEIVED

We have received your document for BEN JACOBSON CONSULTANTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Jenna D Harris  
Regulatory Specialist II

Letter Number: 216A00020314

16 NOV 14 PM 1:39

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**BEN JACOBSON CONSULTANTS, INC.**

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**ILLINOIS**

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

**03/02/2010**

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

**UPON REGISTRATION**

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**2919 W COYLE, CHICAGO IL 60645**

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

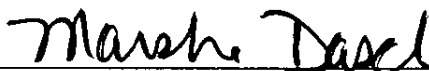
Name: **LEGALINC CORPORATE SERVICES INC.**

Office Address: **5237 SUMMERLIN COMMONS SUITE 400**  
**FORT MYERS FL 33907**  
(City), Florida (Zip code)

FILED  
NOV 11, PM 1:39

**9. Registered agent's acceptance:**

*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)

10. 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.

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

**A. DIRECTORS**

BEN JACOBSON

Chairman:

2919 W COYLE, CHICAGO IL 60645

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

BEN JACOBSON

President:

2919 W COYLE, CHICAGO IL 60645

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. BEN JACOBSON

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

BEN JACOBSON - PRESIDENT

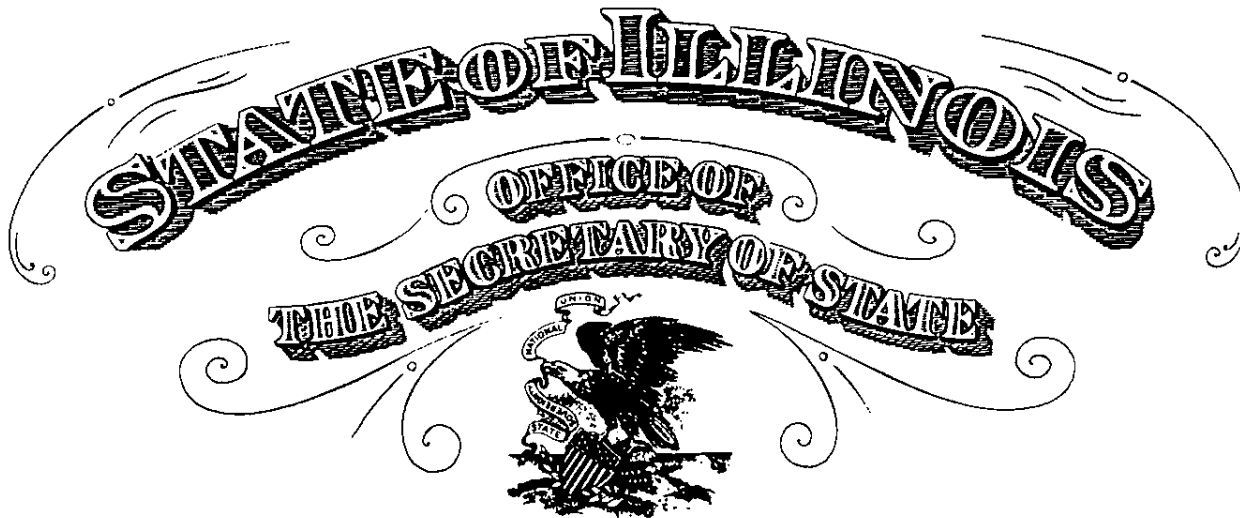
13.

(Typed or printed name and capacity of person signing application)

16 NOV 14 PM 1:39

File Number

6709-327-5



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BEN JACOBSON CONSULTANTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 02, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 10TH*  
*day of SEPTEMBER A.D. 2016 .*

*Jesse White*

SECRETARY OF STATE