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SECRETARY OF STATE  
16 APR 25 PM 3:00

04/29/16

## COVER LETTER

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

SUBJECT: SILENT SCREAMS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: PAMELA BENTON  
Name (Printed or typed)

2800 RULEME ST. # 44

Address

EUSTIS, FL., 32726

City, State & Zip

352-602-8447

Daytime Telephone number

p.benton41@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: SILENT SCREAMS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2800 RULEME ST. # 44

Mailing address, if different is:

EUSTIS, FL. 32726

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SECRETARY OF STATE  
10 APR 28 PM 3:00  
TALLAHASSEE, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO BE A PLACE OF HOPE, RESTORATION,

AND OPPORTUNITY FOR WOMEN THAT ARE MISPLACED, BROKEN, AND HURTING. TO GIVE

THEM A CHANCE TO HELP OVERCOME LESS FORTUNATE CIRCUMSTANCES AND HAVE A

CHANCE AT A MORE PRODUCTIVE LIFE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The  
directors are elected and appointed at the discretion of President

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PAMELA BENTON PRES./ TREAS.

Name and Title: \_\_\_\_\_

Address

2800 RULEME ST. # 44

Address: \_\_\_\_\_

EUSTIS, FL. 32726

Name and Title: WILBERT BENTON VICE PRES./SEC.

Name and Title: \_\_\_\_\_

Address

2800 RULEME ST. # 44

Address: \_\_\_\_\_

EUSTIS, FL. 32726

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: WILBERT BENTON  
Address: 2800 RULEME ST.# 44  
EUSTIS,FL.,32726

16 APR 25 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: PAMELA BENTON  
Address: 2800 RULEME ST. # 44  
EUSTIS ,FL. 32726

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

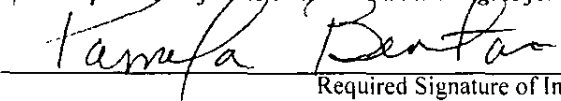
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 of Registered Agent

04/21/2016  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

04/21/2016  
Date