

TRANSMITTAL LETTER
200003285312

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

200003285312--7
-06/12/00--01114--012
*****78.75 *****78.75

SUBJECT: BENIAN 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MARK CURTIS

Name (Printed or typed)

2164 SANTA BARBARA BLVD

Address

NAPLES

FL

City, State & Zip

941

455

2235

Daytime Telephone number

FILED
JUN 12 PM 1:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

T.SMITH JUN 16 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BENIAN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2164 SANTA BARBARA BLVD.
NAPLES FL 34116

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARK CUNTIS
2164 SANTA BARBARA BLVD
NAPLES FL 34116

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARK CUNTIS
2164 SANTA BARBARA BLVD
NAPLES FL 34116



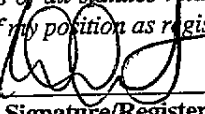
Signature/Incorporator

6.8.00

Date

(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent

6.8.00

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA