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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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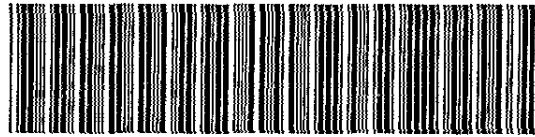
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: James J. Benner Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: James J. Benner
Name (Printed or typed)

P.O. Box 114 / S.R. 50 4328
Address

Webster, FL 33597
City, State & Zip

1 (407) 376-1069
Daytime Telephone number

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

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:

James J. Benner Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 114
Webster, Fl. 33597

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To earn a living by providing a carpentry service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

① James J. Benner
② P.O. Box 114 Webster, Fl. 33597
4328 S.R. 50 Webster, Fl. 33597
③ President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

4328 S.R. 50 Webster, Fl. 33597
James J. Benner

ARTICLE VII INCORPORATOR

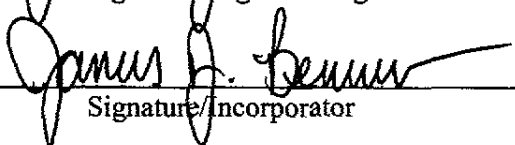
The name and address of the Incorporator is:

James J. Benner
P.O. Box 114 Webster, Fl. 33597
4328 S.R. 50 Webster, Fl. 33597

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


Signature Registered Agent

2-9-04
Date


Signature Incorporator

2-9-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA