P04000/36535

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Call When Ready				
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TRANSMITTAL LETTER

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

SUBJECT:	BENNE		_
		TË NAME – <u>MUST INCL</u>	
Enclosed are an orig	inal and one (1) copy of the art	icles 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
FROM:	Bruce Benne	ADDITIONAL CO	
-	4509 We	, ,	
-	Tall. of	1/a, 3230= State & Zip	3
	850-219 Daytime T	Land	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 1, 2004

BRUCE BENNETT 4509 WESTOVER DR TALLAHASSEE, FL 32303

SUBJECT: BENNETT INC Ref. Number: W04000036234

We have received your document for BENNETT 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6925.

Cynthia Blalock Document Specialist New Filings Section

Letter Number: 304A00057256



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

04 OCT - 1 PH 12: 4

ARTICLE I NAME

The name of the corporation shall be:

BJ Bennett

SECRETARY OF STAT NOTALLAHASSEE, FLORIT

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4509 Westover De TAU. F1. 32303

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

nne

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

President JOHN BENNEUX

4509 Westover De. Till 17.32303

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOAN BENHE

4509 Wostover DR Joll. Pla 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ostone DR. TAll R/a 32303

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

Signature/Incorporator