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(Re	equestor's Name)	
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PICK-UP	WAIT MAIL	
(Ви	usiness Entity Name)	
(Document Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2005 FEB 16 P 5: 48

TRANSMITTAL LETTER

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

SUBJECT: BENJAMIN FINANCIAL SERVICES, CO	ORP.	
(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	4	
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
,		
□ \$70.00 □ \$78.75	\$78.75	X \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	OPY REQUIRED
	4	
FROM: WILSON BENJAMIN		
Nam	e (Printed or typed)	
•		
739 KENILWORTH CIR., STE		z.
Address		
	•	
HEATHROW, FL 32746		
	, State & Zip	
407-687-7515		
	Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 8, 2005

WILSON BENJAMIN 739 KENILWORTH CIR. STE 105 HEATHROW, FL 32746

SUBJECT: BENJAMIN FINANCIAL SERVICES, CORP.

Ref. Number: W05000006577

We have received your document for BENJAMIN FINANCIAL SERVICES, CORP.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

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) 245-6934.

Letter Number: 405A00008747

Loria Poole Document Specialist New Filings Section

Division of Compositions P.O. BOY 6397 Tellahassee Florida 39314

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:

BENJAMIN FINANCIAL SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2155 AMERICANA BLVD.

ORLANDO, FL 32839

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: CHECK CASHING, TAX PREPARATION, ACCOUNTING, MONEY TRANSFER

ARTICLE IV

The number of shares of stock is:

100 we

INITIAL OFFICERS AND/OR DIRECTORS

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

WILSON BENJAMIN, PRESIDENT 739 KENILWORTH CIR., 105. HEATHROW, FL 32746

HARRISON BENJAMIN, VICE PRESIDENT 7377 HUNTERS GREEN CIR., LAKELAND, FL 33810

ARTICLE VI REGISTERED AGENT

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

WILSON BENJAMIN, 739 KENILWORTH CIR., 105 HEATHROW, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: BENJAMIN FINANCIAL SERVICES, CORP. 2155 AMERICANA BLVD ORLANDO, FL 32839

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