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(Requestor's Name)
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
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COVER LETTER

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

BCT and Associates Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

S78.75 Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	OPY REQUIRED

Benjamin Charles Thomas Name (Printed or typed) FROM: _____ 2509 May fair Road Allahassee FL 32303 City, State & Zip (417) 773 - 0625 Davtime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

Bet and Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4575 Capital Corete NW J-1

Talloharsee, FL 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all landed business

ARTICLE IV SHARES

The number of shares of stock is: **3**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Prosident Ben Thomas

ARTICLE VI REGISTERED AGENT

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

2509 Mayfart Rol

Ben Thomas

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas 2509 Mayfair Rd Tallahissee, FL 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

Registered Agent

Signature/Incorporator

<u>12-20-05</u> Date 12-20-0

Date