# P0700116070

| (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: |  |  |  |  |
|   |  |  |  |  |
| •                                       |  |  |  |  |
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Office Use Only



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FILED

OF OCT 19 AM 9: 0:
SECRETARY OF STATE



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2007

RON HORSTMEN & MIKE HARDMAN 1680 OLD DIXIE HWY VERO BEACH, FL 32960

SUBJECT: BENCHMARK OF FLORIDA INC.

Ref. Number: W07000050252

We have received your document for BENCHMARK OF FLORIDA INC. and your check(s) totaling \$78.75. 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.

The document number of the name conflict is F99000002670 ( BENCHMARK, INC. ).

Please return the corrected 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) 245-6870.

Letter Number: 907A00059590

Karen Saly Regulatory Specialist II New Filing Section

## **COVER LETTER**

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

SUBJECT: Benchmark of THE TREASURE COAST, 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 | <ul><li> ☑ \$78.75 Filing Fee &amp; Certificate of Status</li></ul> | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
|--------------------|---|--|--|
| FROM: Ro           | on Horstman & Mike H  | ardman<br>(Printed or typed)                       |  |
|                    | 1680 Old Dixie Hwy  | Address  |  |
| -                  | Vero Beach Fl 32960<br>City,  | State & Zip  |  |
|                    | 772-473-8843 · Daytime T  | elephone 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:

Benchmark of Florida Inc. The Treasure Coast, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1680 Old Dixie Hwy. Vero Beach FI 32960

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Maintenance

### 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):

Mike Hardman 1680 Old Dixie Hwy Vero Beach Fl32960 President Ron Horstman 1680 Old Dixie Hwy Vero Beach Fl. 329600 Vice President



# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Mike Hardman 1680 Old Dixie Hwy Vero Beach Fl 32960

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Ron Horstman 1680 Old Dixie Hwy Vero Beach FI 32960

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

Date

-4-07

Date

O7 OCT 19 AM 9: 09
SECRETARY OF STATE
TAIL MINSSEE FLORINA