

FD7000116520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

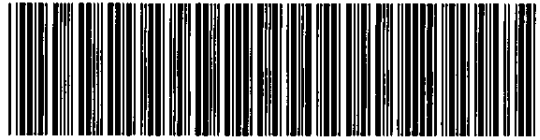
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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10/11/07--01032--026 **70.00

07 OCT 24 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

VH
10/27/07

COVER LETTER

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

SUBJECT: BEN'S COIN AND GUN SHOP, 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: CLIFFORD H. BENJAMIN, Jr.
Name (Printed or typed)

739 MASON AVE
Address

Daytona, FL 32117
City, State & Zip

386-257-9000
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2007

CLIFFORD H. BENJAMIN, JR.
739 MANSON AVE
DAYTONA, FL 32117

SUBJECT: BEN'S COIN AND GUN SHOP, INC.
Ref. Number: W07000050760

We have received your document for BEN'S COIN AND GUN SHOP, 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 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 107A00060264

CLIFFORD H BENJAMIN
739 Mason Ave
Daytona Beach, FL 32117

Amendment Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs,

Please find the Articles of Dissolution for the following Florida Corporation: Ben's Coin and Gun Shop, Inc.

Additionally please also consider this as my statement that I Affirm that I will not revoke this Dissolution.

Also, I have included new Articles of Incorporation for the following "Same Named" Corporation: Ben's coin and Gun shop, Inc.

Please file these documents with an effective date of October 1, 2007.

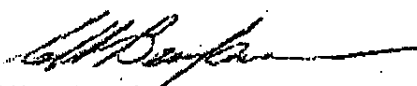
I have included an EXTRA copy of all Articles, please mark these as filed and mail back in the included stamped envelope.

Also, if necessary, please forward these documents to the appropriate office and party for processing.

If there shall be any problem with the Documents or the filing of them please DO NOT send them back, rather please call me collect at 386-316-5128 so that we may resolve any issues. OR email me @

maxx@windy.com@gmail.com

Thank You for your attention to this matter,


C H Benjamin

10/24/07 @ 3:30pm
To: Valerie Henning
From: Cliff Benjamin
Thank You,

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:

BEN'S COIN AND GUN SHOP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1023 RIDGEWOOD AVE
HOLLY HILL, FL 32117*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*CLIFFORD H. BENJAMIN DIRECTOR
4491 SR 11, DE LEON SPRINGS, FL 32130*

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

CLIFFORD H. BENJAMIN 32130
4491 SR 11, DELEON SPRINGS, FL 8777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLIFFORD H. BENJAMIN
4491 SR 11, DELEON SPRINGS, FL 32130

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

10/2/07
Date

10/2/07
Date