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SECRETARY OF STATE DIVISION OF CORPORATION

EP5/13/08

COVER LETTER

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

SUBJECT: Beneco	rp Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	
FROM: _Jo	se A Manana		
	Name	(Printed or typed)	
	2325 Coawood CT #101	Address	
	Maitland, Florida 32751 City	, State & Zip	
	7862772576	Telephone 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:

Benecorp Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Physical address: 2325 Coawood CT #101 Maitland Florida 32751 Mailing Address: P O Box 4146 Winter Park Florida 32793

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and Marketing of Insurance Product (Life and Health Insurance to small business and families)

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jose A Manana 2325 Coawood CT #101 Maitland, Florida 32751 President

DIVISION OF CORPORALIONS
OF HAY 12 PH 2: 08

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Jose A Manana 2325 Coawood CT #101 Maitland, Florida 32751

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Jose A Manana 2325 Coawood CT #101 Maitland, Florida 32751

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 i

Signature/Registered Agent

Signature/Incorporator

Date

Date