

PO9000073264

(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:

Office Use Only



100159101191

08/31/09--01027--020 **70.00

FILED
09 AUG 31 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Benfica Goldfish, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BENFICA Goldfish Inc
Name (Printed or typed)

122 NW Willow Grove Ave
Address

Port St Lucie FL 34986
City, State & Zip

(772) 673-1556 (772) 359-2685
Daytime Telephone number

carlos.pinto@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

Benfica Goldfish, Inc.

ARTICLE II PRINCIPAL OFFICE

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

142 NW Willow Grove Ave, Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution of goods.

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):

Carlos Ribeiro - Owner/Operator
142 NW Willow Grove Ave, Port St. Lucie, FL 34986

ARTICLE VI REGISTERED AGENT

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

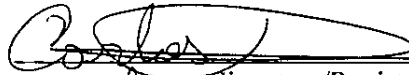
Carlos Ribeiro
142 NW Willow Grove Ave.
Port St. Lucie, FL 34986


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos Ribeiro
142 NW Willow Grove Ave
Port St. Lucie, FL 34986

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

8/24/09

Date
8/24/09

Date

FILED
09 AUG 31 PM 2:12
CLERK OF STATE
TALLAHASSEE, FLORIDA