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(Re	questor's Name)					
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SECRETARY OF STATE
LALLAHLASSEE OF COMME

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee. FL 32314

SUBJECT: Demons	, 1110.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee. Certified Copy & Certificate o Status PPY REQUIRED
FROM: Lo	vd B. Fowler		
PROM. <u></u>	Nam	e (Printed or typed)	
636	3 San Jose Blvd.		
		Address	
Jac	ksonville, FL, 32217 City	. State & Zip	
904	-525-1073		
	Daytime 1	Telephone number	
fowl	erloyd@yahoo.com		
	E-mail address: (to be use	d for future annual report	notification)

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



RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2010

LOYD B FOWLER 6363 SAN JOSE BLVD JACKSONVILLE, FL 32217

SUBJECT: BENTONS, INC. Ref. Number: W10000055017

We have received your document for BENTONS, 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 910A00027572

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ADTICL ES OF	T INCODDOD A	TION			
*ARTICLES OF			C /D C/		
In compliance with	i Chapter 60 / and/o	r Chapter 621. F.	S. (Profit)		
ARTICLE I	NAME .		,		
The name of the co					
•					
Bentons a	USA, Inc.				O
	PRINCIPAL OF				
The principal street	t address and mailin	g address, if differ	rent is:		
Loud R. Fau	uler, 6363 Sa	andose Rlyd J	Jacksonville F	lorida, 32217	
2070 01 100		M. 003C D 100.	•	•	
4 D.MICH 50 111	21122002				
	<u>PURPOSE</u>				
	hich the corporation	_			
For any legal and la	wful pursuit of busine	3 55.			
ARTICLE IV	SHARES				
The number of share					
1,000.00					
					- 5 × 5
ARTICLE V	INITIAL OFFIC	ERS AND/OR	DIRECTORS		
List name(s), addr	ess(es) and specific	title(s):			
•	6363 San Jose		Florida	32217	
	Blvd.	0.000.000.000.000	1 101.00	0227	mas a fin
					FILED FILED IMBY OF S
ARTICLE VI	REGISTEREL	AGENT			္သည္ကို ယူ
	rida street address		accentable) of the t	revistered avent is	္မည္း ဟ
Loyd B. Fowler	i ida siree adaress	(1.0. 00. 1.01	receptable) of the i	egistered agent it	ss. co
6363 San Jose Blvd	l.				
Jacksonville, FL, 32					
ARTICLE VII	INCORPORAT	<u>'OR</u>			
	<u>tress</u> of the Incorpor	rator is:			
Loyd B. Fowler					
6363 San Jose Blvd					
Jacksonville, FL, 322	217				
*****	******	******	******	*****	******
Having been name	ed as registered no	ent to accent seri	sice of process for	the above state	d corporation at the
place designated in	n this certificate. I	am familiar with	and accept the i	inpointment as v	registered agent and
agree to act in this		j	uccepi me t	ppomment us r	choicien ageni ana
1					

Signature/Incorporator

Mov. 16, 2010 Date Mov. 16, 2010 Date