

(Requestor's Name)				
(Address)				
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(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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** MAR 28 PM 4: 12

SECRETARY OF STATE

TALLAHASSEE FROMES

PS 3/30/11

COVER LETTER

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

SUBJECT: Benamoz Business Entrepreneur SolutionZ Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Rafi Benamoz	(Printed or typed)
2414 Renaissance Way	Address
Boynton Beach, FL 334	26 State & Zip
716-553-7301 Daytime Te	elephone number
sublux3@aol.com E-mail address: (to be used	I 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 Benamoz Business E	Entrepreneur SolutionZ Ir	nc FILED
The name of the co	orporation shall be:		MAR 28 DI 1. 10
ARTICLE II	PRINCIPAL OFFICE		- ''''' 40 FM II: 13
	Principal street address	Mailing add	drasg if different is: ALLAHASSEL, FLORID
	2414 Renaissance Way	j	ALL ALICE STATE
E	Boynton Beach, FL 33426		The state of the s
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
Professional	Management		
ARTICLE IV			
The number of share	res of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
	ide:Rafi Benamoz President		
Address:	2414 Renaissance Way		
	Boynton Beach, FL 33426		
NI T	O.L.	Name and Title	
	itle:	Name and Title:	
Address:	Name of the Control o	Address:	
	1.44.4		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
4 D. W. C. C. D. L. T.			
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable	a) a felia maniataman amant ia	
Name:	D-6 D		
Address:			
Addicss.	.2414 Renaissance Way Boynton Beach, FL 33426		
	Duylion Beach, FL 33420		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Rafi Benamoz		
Address:	2414 Renaissance Way		
	Boynton Beach, FL 33426	 	
TT		6 di b	and an add a minor device add in
	ed as registered agent to accept service of pro n familiar with and accept the appointment as		
ans cerujume, rui	n jamanar wan ana accept the appointment as	registered agent and agree to act	
66.1	Keil /		3/24/n
1 Var	Required Signature/Registered Agent		
1	Required Signature/Registered Agent		' Date
I cubmit thic door	ment and affirm that the facts stated herein	are true I am aware that the f	alse information submitted in a
	ment and ajjirm that the jucis stated nevem epartment of State constitutes a third degree fe		
uncument ty int D	·	ion, as provided for this of 7.133	3/24/11
11 201	L Kether		2/24 / N
	- Jawyum		Data
v //	Required Signature/Incorporator		Date