

P11000035249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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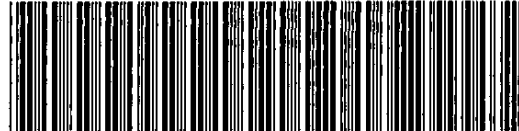
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Benefit Makers, Corp.

(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: RITA LORENZO

Name (Printed or typed)

5211 DEL PRADO BOULEVARD SOUTH

Address

or 1153 SW 20 Ave.

CAPE CORAL, FLORIDA 33904

City, State & Zip

Miami, FL 33135

239 257-1517

Daytime Telephone number

786 470-1564

BENEFITMAKERS@MSN.COM

E-mail address: (to be used for future annual report notification)

or 786 413-4300

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

March 22, 2011

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

Ref: Benefit Makers, Corp.

To Whom it May Concern:

I, Rita Lorenzo, am the owner of the above-referenced corporation which has been dissolved. I do not intend to use this corporation and wish to release the name so that a new corporation (see documents and payment attached), may be created.

Should you have any questions, you may reach me at 786 413-4300.

Yours truly,

A handwritten signature in black ink, appearing to read "Rita Lorenzo", enclosed within a large, loopy oval flourish.

Rita Lorenzo

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:

BENEFIT MAKERS, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1153 S.W. 20TH AVENUE

MIAMI, FLORIDA 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIFE, HEALTH, INSURANCE SALES

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RITA LORENZO,
PRESIDENT

1153 S.W. 20TH AVENUE,
MIAMI, FLORIDA 33135

ROBERT GUERRERO,
VICE PRESIDENT

5211 DEL PRADO BLVD. SOUTH,
CAPE CORAL, FLORIDA 33904

ROBERT SMOOT,
CONTROLLER

5211 DEL PRADO BLVD.
SOUTH, CAPE CORAL,
FLORIDA 33904

STEPHEN GUERRERO,
SECRETARY

5211 DEL PRADO BLVD.
SOUTH, CAPE CORAL,
FLORIDA 33904

ARTICLE VI REGISTERED AGENT

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

1153 S.W. 20th AVENUE, MIAMI, FLORIDA 33135

RITA LORENZO

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RITA LORENZO

1153 S.W. 20TH AVENUE

MIAMI, FLORIDA 33135

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

03/22/2011

Date

03/22/2011

Date

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TALLAHASSEE FLORIDA