P11000035552

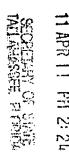
| (Requestor's Name) | | | |
|---|-------|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT | MAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of S | tatus | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



000199822630

03/31/11--01021--024 **87.50



4/12 X

W1100018683

COVER LETTER

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

| SUBJECT: Bennett Achievement Services, Inc. | | | | |
|---|---|--|--|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> | LUDE SUFFIX) | | |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation an | nd a check for: | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | | |
| FROM: Minta Bennet Name | (Printed or typed) | | | |
| 6347 Blanding Ave. | Address | | | |
| Starke, Fl. 32091 | State & Zip | | | |
| (904)533-2888 Daytime T | elephone number | and the state of t | | |
| mintabennett@yahoo.co E-mail address: (to be used | m _, I for future annual report | notification) | | |
| | | • | | |

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



April 1, 2011

MINTA BENNET 6347 BLANDING AVE STARKE, FL 32091

SUBJECT: BENNETT ACHIEVEMENT SERVICES, INC.

Ref. Number: W11000018683

RECEIVED APR 1 1 2011

We have received your document for BENNETT ACHIEVEMENT SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 311A00007968

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corp | | | | |
|----------------------|--|---------------------------------|-------------------------------------|--|
| ARTICLE II F | PRINCIPAL OFFICE Principal street address | Mailing | Mailing address, if different is: | |
| 63 | 47 Blanding Avenue | - | | |
| | arke, FL 32091 | | | |
| <u></u> | | | | |
| ARTICLE III P | URPOSE | | | |
| | ch the corporation is organized is: | | | |
| | se Corporation | | | |
| | | | | |
| | | | APR | |
| | | | 55 Z | |
| | | | | |
| ARTICLE IV S | HARES | | | |
| The number of shares | of stock is:100 | | | |
| 4D@701D 11 1 | | | DE N | |
| | NITIAL OFFICERS AND/OR DIRECT | | 2 2 C | |
| Address: | ::Minta Bennett, President 6347 Blanding Avenue | Address: | | |
| radios. | Starke, FL 32091 | | | |
| | CACHACI, I COLOR | | | |
| Name and Title | | Name and Title: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| | :: | Name and Title: | | |
| Address: | | | | |
| | | | | |
| | EGISTERED AGENT | | | |
| | ta street address (P.O. Box NOT acceptable | | | |
| Name: Address: | Minta Bennett 6347 Blanding Avenue | | | |
| Address. | Starke, FL 32091 | | | |
| | | | | |
| | NCORPORATOR | | | |
| | ess of the Incorporator is: | | | |
| Name: | Minta Bennett | | | |
| Address: | 6347 Blanding Avenue Starke, FL 32091 | <u> </u> | | |
| Havino heen named | as registered agent to accept service of pr | ocess for the above stated core | poration at the place designated in | |
| | familiar with and accept the appointment as | | | |
| min to | Bo moll | | 08 April 2011 | |
| 111000 | Required Signature/Registered Agent | | Date | |
| I submit this docum | ent and affirm that the facts stated herein | are true. I am aware that the | e false information submitted in a | |
| document to the Dep | artment of State constitutes a third degree f | elony as provided for in s.817. | 155, F.S. | |
| Minto | de an all | | 08 April 2011 | |
| $\frac{1}{2}$ | Required Signature/Insurporator | | Date | |