

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BEH Services Corp**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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AUG. 12. 2011 10:00AM

CAPITAL CONNECTION

NO. 6646 P. 2

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: **BEH Services Corp**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7181 PENZANCE BLVD
FORT MYERS FL 33966

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Bradford E. Hendry Pres./V.P.**
Address: **7181 PENZANCE BLVD**
FORT MYERS FL 33966

Name and Title: _____
Address: _____

Name and Title: **Janice Lynn Hendry Sec.**
Address: **7181 PENZANCE BLVD**
FORT MYERS FL 33966

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Tiffany Lynn Hendry Hill**
Address: **5900 Sunvalley Dr**
Seabring FL 33876

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Bradford E. Hendry**
Address: **7181 PENZANCE BLVD**
FORT MYERS FL 33966

Having been named as registered agent to accept service of process for the above named 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

Tiffany Lynn Hendry Hill
Required Signature/Registered Agent

8/10/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.877.115, F.S.

Bradford E. Hendry
Required Signature/Incorporator

8/10/2011
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA