

P 12000018379

(Requestor's Name)

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(Address)

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(Business Entity Name)

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12 FEB 23 AM 10:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 FEB 23 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/23/12

COVER LETTER

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

SUBJECT: Benchmark Home Inspection ~~LLC~~ Inc.
(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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jonathan D. Leoni
Name (Printed or typed)
7100 Biscayne Blvd Suite 206
Address
Miami, FL 33138
City, State & Zip
850-339-4201
Daytime Telephone number
Jd1leoni@aol.com
E-mail address: (to be used for future annual report notification)

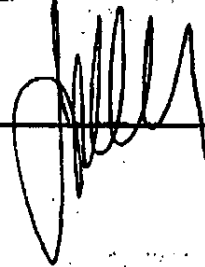
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

I, JONATHAN LEONI WILL NOT REINSTATE BENCHMARK HOME INSPECTIONS, INC. DOCUMENT NUMBER P10000000393 AND I RELEASE THE NAME FOR USE.

A handwritten signature in black ink, appearing to be "Jonathan Leoni", is written over a horizontal line.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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ARTICLE I NAME

The name of the corporation shall be: Benchmark Home Inspection Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
7100 Biscayne Blvd Suite 206
Miami, FL 33138

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President: Son Leoni
Address: 7100 Biscayne Blvd Suite 206
Miami, FL 33138

Name and Title: _____
Address: _____

Name and Title: VP: Kim Leoni
Address: 7100 Biscayne Blvd Suite 206
Miami, FL 33138

Name and Title: _____
Address: _____

Name and Title: Secretary: Marcus Leoni
Address: 7100 Biscayne Blvd Suite 206
Miami, FL 33138

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: Marcus Leoni
Address: 7100 Biscayne Blvd Suite 206
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcus Leoni
Address: 7100 Biscayne Blvd Suite 206
Miami, FL 33138

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.

Marcus Leoni
Required Signature/Registered Agent

2/23/2012
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.817.155, F.S.

Marcus Leoni
Required Signature/Incorporator

2/23/2012
Date