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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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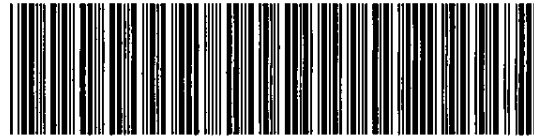
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: **FOUR CHAMBERS II, 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 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: **ROLANDO BENCOMO**

Name (Printed or typed)

**4611 S. UNIVERSITY DRIVE SUITE 181**

Address

**DAVIE, FL 33328**

City, State & Zip

**954-791-5081**

Daytime Telephone number

**ENANITA1430@AOL.COM**

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

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

**FOUR CHAMBERS II, CORP.  
4611 S. UNIVERSITY DRIVE  
SUITE 181  
DAVIE, FL 33328**

February 27, 2012

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

I incorporated my business online as a corporation under the name Four Chambers II, Corp.

I did not receive any notification for annual reports for 2011.

**I have no intention of reinstating the old corporation filed under number P04000069354.**

I am attaching the new Articles of Incorporation effectively immediately, along with a check for \$70.00

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Rolando Bencomo", written over a horizontal line.

Rolando Bencomo

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

**ARTICLE I NAME** **FOUR CHAMBERS II, CORP.**  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4611 S UNIVERSITY DR SUITE 181  
DAVIE, FL 33328

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**ANY LAWFUL ACTIVITY**

**ARTICLE IV SHARES**  
The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>ROLANDO BENCOMO, PRESIDENT</u>	Name and Title: _____
Address: <u>4611 S UNIVERSITY DRIVE SUITE 181</u>	Address: _____
<u>DAVIE, FL 33328</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: ROLANDO BENCOMO  
Address: 4611 S UNIVERSITY DRIVE SUITE 181  
DAVIE, FL 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROLANDO BENCOMO  
Address: 4611 S UNIVERSITY DRIVE SUITE 181  
DAVIE, FL 33328

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

X   
Required Signature/Registered Agent

2/27/2012  
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.

X   
Required Signature/Incorporator

2/27/2012  
Date

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RECEIVED BY STATE  
DEPARTMENT OF STATE  
CORPORATION DIVISION