

P/2000050568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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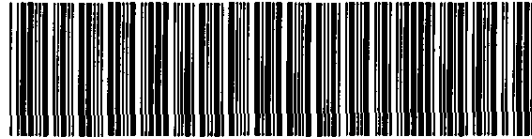
(Business Entity Name)

(Document Number)

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

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FILED  
12 MAY 31 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 06/01/12

**COVER LETTER**

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

SUBJECT: BENEFIT COMMERCIAL INCORPORATED  
(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: Aldo Colla  
Name (Printed or typed)

3609 ALHAMBRA CT.  
Address

CORAL GABLES, FL 33134  
City, State & Zip

305-397-3079  
Daytime Telephone number

aldo @ benefitlife.com  
E-mail address: (to be used for future annual report notification)

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

# 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 COMMERCIAL INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

400 UNIVERSITY DRIVE

STE. 100

CORAL GABLES, FL 33134

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR-PROFIT INSURANCE COMPANY

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALDO COLLI - PRESIDENT

Address: 3609 ALHAMBRA CT.

CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: CLAUDINE CLAU COLLI - VP

Address: 3609 ALHAMBRA CT.

CORAL GABLES, FL 33134

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: Aldo Colli

Address: 3609 ALHAMBRA CT.

CORAL GABLES, FL 33134

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aldo Colli

Address: 3609 ALHAMBRA CT.

CORAL GABLES, FL 33134

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]

Required Signature/Registered Agent

5-22-12

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.

[Signature]

Required Signature/Incorporator

5-22-12

Date

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA