

P1300 0048162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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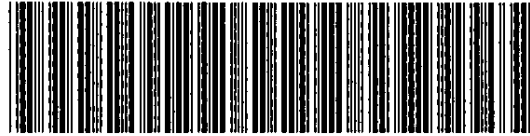
(Business Entity Name)

(Document Number)

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

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13 MAY 30 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Benjamin Capital Advisors, 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:** Paul A. Henderson

Name (Printed or typed)

127 Remo Pl

Address

Palm Beach Gardens, FL 33418

City, State & Zip

586-491-3777

Daytime Telephone number

p\_henderson1@sbcglobal.net

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

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

DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

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**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: Benjamin Capital Advisors, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

127 Remo Pl Palm Beach Gardens Fl 33418

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Acquire Real Estate Assets,

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: Paul A. Henderson

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

Address 127 Remo Pl

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

Palm Beach Gardens, Fl 33418

Name and Title: Cheryl L. Henderson

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

Address 127 Remo Pl

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

Palm Beach Gardens, Fl 33418

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

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

Address \_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 30 AM 10:41

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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: Paul A. Henderson  
Address: 127 Remo Pl  
Palm Beach Gardens, Fl 33418

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul A. Henderson  
Address: 127 Remo  
Palm Beach Gardens, Fl 33418

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

Paul A. Henderson  
Required Signature/Registered Agent

May 28, 2013  
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.*

Paul A. Henderson  
Required Signature/Incorporator

May 28, 2013  
Date