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SECRETARY OF STATE
TALLAHASSEE, FL 32399
W3-38592

JUL 25 2013

24

COVER LETTER

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

SUBJECT: **BeneSource Consulting 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: **Karen Alston**

Name (Printed or typed)

1177 Nikki View Dr

Address

Brandon, FL 33511

City, State & Zip

813.643.4000

Daytime Telephone number

kalston@choicehr.com

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

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



RECEIVED

13 JUL 22 PM 1:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 8, 2013

KAREN ALSTON
1177 NIKKI VIEW DR
BRANDON, FL 33511

SUBJECT: GRC CONSULTING INC
Ref. Number: W13000038592

*Changed to:
Benevix Consulting Inc*

We have received your document for GRC CONSULTING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 913A00016683

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: BeneSource Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1177 Nikki View Dr

Brandon, FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To own and/or operate any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Cona, President

Name and Title: _____

Address 1177 Nikki View Dr

Address: _____

Brandon, FL 33511

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL 32399

(conti.)

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: Gary Cona
Address: 1177 Nikki View Dr
Brandon, FL 33511

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TALLAHASSEE, FL 32399

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

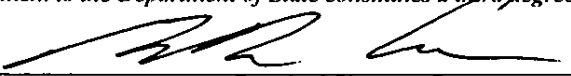
Name: Gary Cona
Address: 1177 Nikki View Dr
Brandon, FL 33511

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


Required Signature/Registered Agent

6/25/13
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.


Required Signature/Incorporator

6/25/13
Date