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COVER LETTER

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

SUBJECT: BEHAR SERVICES INC					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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		

FROM: BEHAR SERVICES INC	
Name (Printed or typed)	
1442 AVON LINE SUITE 13	
Address	
NORTH LAUDERDALE, FL 33068	
City, State & Zip	
954-774-0145	
Daytime Telephone number	
beharservicesinc@yahoo.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)

	ME ation shall be: BEHAR SERVICE		
ARTICLE II: PRINCIPAL OFFICE Principal street address 1442 AVON LINE		Mailing address, if different is:	
UITE 13			
	DERDALE, FL 33068		
		· ·	
e purpose for which	RPOSE the corporation is organized is: ANY LA	WFUL SERV	/ICE
			6 5 E
			3 B O
RTICLE IV SH.	ARES 1000		100 P
RTICLE IV SHA e number of shares of	ARES 1000		
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
RTICLE V INI	tial officers and/or director e.JOSE R. BUDASOFF	S Name and Title:	47 1.7 50.00
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR E. JOSE R. BUDASOFF 1442 AVON LINE		47 1.7 50.00
RTICLE V INI	tial officers and/or director e.JOSE R. BUDASOFF	Name and Title:	47 1.7 50.00
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR E. JOSE R. BUDASOFF 1442 AVON LINE	Name and Title:	47 1.7 50.00
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title:Address:	47-17 500
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR E. JOSE R. BUDASOFF 1442 AVON LINE SUITE 13	Name and Title:Address:	47-17 500
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title: Address: Name and Title:	47-17 500
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: JOSE R. BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title: Address: Name and Title: Address:	47-17 2000
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR E. JOSE R. BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title: Address: Name and Title: Address:	47-17 2000
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR E. JOSE R. BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title: Address: Name and Title: Address:	AT TO THE PART OF
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR E. JOSE R. BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title: Address: Name and Title: Address:	AT TO THE TOTAL PROPERTY OF THE TOTAL PROPER
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e. JOSE R. BUDASOFF 1442 AVON LINE SUITE 13 NORTH LAUDERDALE, FL 33068	Name and Title: Address: Name and Title: Address: Name and Title:	AT TO THE TOTAL PROPERTY OF THE TOTAL PROPER

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	the registered equation
Name:	orida street address (P.O. Box NOT acceptable) of JOSE R. BUDASOFF	the registered agent is:
Address:	1442 AVON LINE STE 13	
7 - 1 - 1 - 1	N. LAUDERDALE, FL 33068	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	See 5 F
Name:	JOSE R BUDASOFF	
Address:	1442 AVON LINE STE 13	ORM
	N. LAUDERDALE, FL 33068	A 4.
	ned as registered agent to accept service of process om familiar with and accept the appointment as reg	for the above stated corporation at the place designated i istered agent and agree to act in this capacity
1/100		06/10/2014
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felony	true. I am aware that the false information submitted in vas provided for in s.817.155, F.S.
1/1	2	06/10/2014
	Required Signature/Incorporator	Date