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Florida Department of State

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10/10/2014

COVER LETTER

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

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1840W. 49th Street Suite 214

Address

Hislash, Florida 33012

City, State & Zip

1786/46-2935

Daytime Telephone number

drash Mus & GMail. Com

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

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Fax: +1 (850) 617-6381 Page 3 of 4 10/13/2014 10:17

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

To:

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	in compliance with Chapter 607	and Chapter OZI, P.O. (11011)	14 OCT 13 PH
RTICLE I No.	AME ration shall be: Ben Rich Pu	blishing Inc	
	RINCIPAL OFFICE Principal street address	J	SEGRETARY OF S TALLAHASSEE, FI ress, if different is:
18 AD IN A	9th Street Saite 214	ivening and	icss, il unicient is.
, , , , , , , , , , , , , , , , , , , ,	locida 33012	**************************************	 ,
(110 KOII,)	10.100)) 0.102		
RTICLE III PU	RPOSE D.	Davis	L 11: i
he purpose for which	h the corporation is organized is:	siness Developmen	17, Consulting C
nvestment	<u> </u>		
<u> </u>			
RTICLE IV Si	HARES of stock is: 1500		
	1		
RTICLE V II	ITIAL OFFICERS AND/OR DIRECT	18884112 pt	
Name and T		Name and Title:	
Address	18+0 W. 49+h Stred.	Address:	
	Sirte 214		
	Hislash, Florida 3.	3012	
Name and Ti	ile:	Name and Title:	
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Name and Ti	tle:	Name and Title:	
Address		Address:	
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To:

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(conti,)

	•					
Name and	d Title:	Name and Title;				
Address		Address:				
ARTICLE VI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of t	the revisioned about is:				
· (~ paper and r to		- -				
Name:	Drachmys Diversified					
Address:	1840 W. 49th Street Si	te 214				
	Hiple ah, Florida 33012					
ARTICLE VII INCORPORATOR						
The name and ad	Idress of the Incorporator is:					
Name:	Ranz Shiloh Bennet	<i>‡</i>				
Address:	1840 W49th Street Sui	to 214				
Addicss.						
	Hislesh, 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 a.	um familiar with and accept the appointment as regis	stered agent and agree to act in this capacity				
Still Cha	lea /	10.12-2011				
July	Required Signature/Registered Agent	10.13-2014 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.						
Jan	Required Signature/Incorporator	10-13-2014				
	reduing dignome, menilinger.	Date				

H OCT 13 PN 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA