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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : DRACHMUS DIVERSIFIED SERVICES INC.  
Account Number : I20140000101  
Phone : (786) 461-2935  
Fax Number : (866) 462-8525

RECEIVED

14 OCT 30 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gia-theboss-gia@aol.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 30 PM 1:39

FLORIDA PROFIT/NON PROFIT CORPORATION  
BEN GIA EXCLUSIVE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**COVER LETTER**

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

**SUBJECT: BEN GIA EXCLUSIVE 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: DRACHMUS DIVERSIFIED SERVICES INC**

Name (Printed or typed)

**1840 W49TH STREET SUITE 214**

Address

**HIALEAH FLORIDA 33012**

City, State & Zip

**786-461-2935**

Daytime Telephone number

**giatheboss\_gia@aol.com**

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

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

(H140002531483)

**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: **BEN GIA EXCLUSIVE INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1840 W 49TH STREET**

**SUITE 214**

**HIALEAH, FLORIDA 33012**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **FOR RETAIL CLOTHING, IMPORTS**

**ARTICLE IV SHARES**

The number of shares of stock is: **2,500**

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

Name and Title: **BENJAMIN JONES (CEO)**

Name and Title:

Address

**1840 W 49TH STREET**

Address:

**SUITE 214**

**HIALEAH, FLORIDA 33012**

Name and Title: **GIA LAPRAD JONES (COO)**

Name and Title:

Address

**1840 W 49TH STREET**

Address:

**SUITE 214**

**HIALEAH, FLORIDA 33012**

Name and Title:

Name and Title:

Address

Address:

(H# 4000 2531483)

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(cont.)

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

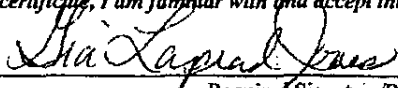
**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GIA LAPRAD JONES  
Address: 1840 W 49TH STREET SUITE 214  
HIALEAH, FLORIDA 33012

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GIA LAPRAD JONES  
Address: 1840 W 49TH STREET SUITE 214  
HIALEAH, FLORIDA 33012

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

10/29/2014

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.



Required Signature/Incorporator

10/29/2014

Date

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DEPARTMENT OF STATE  
HIALEAH, FLORIDA

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