

**P14500072394**

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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BINELBITT & SONS INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**FILED**  
15 SEP -2 AM 8:25  
SECRETARY OF STATE  
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Corporate Filing Menu

Help



September 2, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP. USA

SUBJECT: BINELBITT & SONS INC  
REF: W15000058143

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H15000211324  
Letter Number: 815A00018509

P.O BOX 6327 - Tallahassee, Florida 32314

H15000211324

**COVER LETTER**

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

**SUBJECT: BINELBITT & SONS 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: EDWADR ABRAMSON, ESQ**

Name (Printed or typed)

**304 INDIAN TRACE STE. 644**

Address

**WETON, FL 33326**

City, State & Zip

**9543893049**

Daytime Telephone number

**ABRAMSON@IMMIGRATIONRUS.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)

**ARTICLE I NAME**

The name of the corporation shall be:

**BINELBITT & SONS INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**50 BISCAYNE BLVD #3107**

**MIAMI, FLORIDA 33132**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any legal business in Florida**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **CLAUDIO BINOTTO**

Name and Title: **PRESIDENT**

Address: **50 BISCAYNE BLVD**  
**#3107**  
**MIAMI, FL 33132**

Address:

Name and Title: **JEAN F. KARAM**

Name and Title: **SECRETARY**

Address: **50 BISCAYNE BLVD**  
**#3107**  
**MIAMI, FL 33132**

Address:

Name and Title:

Name and Title:

Address:

Address:

**FILED**  
**15 SEP - 2 AM 8:25**  
**SECRETARY OF STATE**  
**ALLAHASSEE, FLORIDA**

(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: EDWARD ABRAMSON  
Address: 304 INDIAN TRACE Ste644  
WESTON, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDWARD ABRAMSON  
Address: 304 INDIAN TRACE Ste6  
WESTON FL 33326

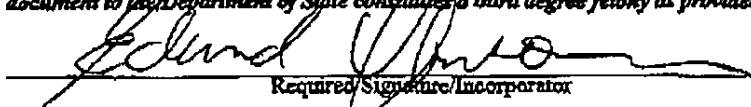
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TALLAHASSEE, FLORIDA

*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*

  
Required Signature/Registered Agent

08/27/2015  
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

08/07/2015  
Date

H15000211324