

P16000014380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400280626654

01/27/16--01029--005 **78.75

16 FEB 12 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

171

COVER LETTER

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

SUBJECT: BenStoneSpeaks, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Ben Stone
Name (Printed or typed)
16508 NE 26th Ave, Apt 305
Address
North Miami Beach, Florida 33160
City, State & Zip
561-699-7276
Daytime Telephone number
Benstonespeaks@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

BEN STONE
16508 NE 26TH AVE, APT 305
NORTH MIAMI BEACH, FL 33160

SUBJECT: BENSTONESPEAKS, INC.
Ref. Number: W16000009711

We have received your document for BENSTONESPEAKS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 116A00002685

APPROVED
AND
FILED

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

16 FEB 12 AM 10:45

ARTICLE I NAME

The name of the corporation shall be: BenStoneSpeaks, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16508 NE 26th Ave. Apt 305

North Miami Beach, Florida 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The transaction of any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jake Stone, President & CEO

Name and Title:

Address

16508 NE 26th Ave, Apt 305

Address:

North Miami Beach, Florida 33160

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

16 FEB 12 AM 10:45

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Justin Stone, Esq
Address: 511 SE 5th Ave, Apt 1210
Fort Lauderdale, Florida 33301

ARTICLE VII INCORPORATOR

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

Name: Justin Stone, Esq
Address: 511 SE 5th Ave, Apt 1210
Fort Lauderdale, Florida 33301

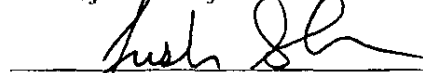
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/25/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/25/2016
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

1/25/2016
Date