

P16000037815

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11/11

## COVER LETTER

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

SUBJECT: Benton Insurance 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: Gwendollen A. Benton  
Name (Printed or typed)

2718 N. 68th St  
Address

Tampa, FL 33619  
City, State & Zip

813 743-3862  
Daytime Telephone number

benton.insurancegroup@gmail.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:

Benton Insurance Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3644 Henderson Blvd  
Suite A  
Tampa, Fl. 33609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To protect + incorporate  
the business as well as to have a professional  
establishment

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Gwendolyn A. Benton / owner

Address

3644 Henderson Blvd  
Suite A  
Tampa, Fl. 33609

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE FL 32304

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_ 16 APR 25 PM 1:49  
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: Gwendollen Alicia Benton  
Address: 3644 Henderson Blvd Ste A  
Tampa, FL 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gwendolyn  
Address: 3644 Henderson Blvd Suite A  
Tampa, FL 33609

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Gwendollen A. Benton  
Required Signature/Registered Agent

4-19-16  
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.*

Gwendolyn A. Benton  
Required Signature/Incorporator

4-19-16  
Date