## P160000037815

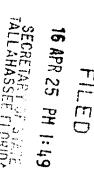
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

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

SUBJECT:	Benton In	Surance	INC	
		ATE NAME – <u>MUST INCL</u> I		
Enclosed are an orig	inal and one (1) copy of the art	ticles 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 CO	PY REQUIRED	
FROM:	-WEndollen Nam	(Timea or typea)	7	
2718 N. 68th St Address				
TAMPA, F. 33619  City, State & Zip				
	813 743. Daytime	-3862 Telephone number		
be	nton insurar	ceground	mail.com	

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: Den	ton Insurance	INC
ARTICLE II PRINCIPAL OFFICE  3044 Henderson Bl  5144 A	Mailing address	, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized	is: To protect + in	corporate
The Dyisnessus Festablishment	werry 10 miles	<u> </u>
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR D	1 10 Wher	
Name and Title: (SWENCOTTEN)  Address  Suite A	HED ENTO Plame and Title:  LEV SOND Address:	16 APR 2
Address	Name and Title:	高斯 <b>5</b>
	Name and Title:	

FILED

Name and Title:	Name and Title:	16 APR 25 PM 1:1.0			
Address	Address:	Office Transfer of the second			
Audress		TALLAHASSEE FLORIDA			
	<del></del>	TECHNOOLE I LUNIUA			
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:				
Name: / SUDEndollen. HICAI	Sentan				
Thame.	ud Ste A				
Address: 3699 177/104/50/101	UG STEPT				
JAMOA. F1. 33609					
(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<del></del>				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: (owendo)	7. /				
Address: 3644 Hendersont	Rlud Suiter	4			
TO 1 +1 27/ 20					
1PH 11 1.33607	_				
•					
ARTICLE VIII EFFECTIVE DATE:					
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be specifically and cannot be specific	(OPTIONA	L) nose dove prior or 90 business			
days after the filing.)	iot de mote than hve dusi	ness days prior or 50 business			
-	, , , , , , , , , , , , , , , , , , ,				
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 proce	ss for the above stated corp	poration at the place designated in			
this certificate, I am familiar with and accept the appointment as r	egistered agent and agree t	o act in this capacity			
Amandolla A Barta		N-19-11			
Required Signature/Registered Agent		Date 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.					
A CA A CA	my as promised for in 3.017	1/ 10. 1/			
Stwendollan Us Berton	**************************************	4-14-16			
Required Signature/Incorporator		Date			