

P/600047481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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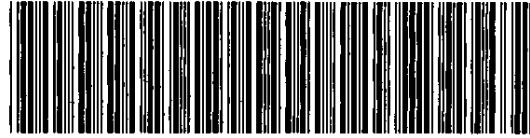
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 24 AM 5:46

*mtw*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2016

STEVEN HUGHES  
1149 WINDY WILLOWS DR.  
JACKSONVILLE, FL 32225

SUBJECT: BEN JAMIN CORPORATION  
Ref. Number: W16000034973

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We have received your document for BEN JAMIN CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000096750.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 916A00010030

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Ben Jamin Hughes Corporation

(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: Steven Hughes  
\_\_\_\_\_  
Name (Printed or typed)  
  
1149 Windy Willows Dr  
\_\_\_\_\_  
Address  
  
Jacksonville, FL 32225  
\_\_\_\_\_  
City, State & Zip  
  
904.705.3036  
\_\_\_\_\_  
Daytime Telephone number  
  
benjaminincorporationfl@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
16 MAY 24 AM 5:46

**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: Ben Jamin Hughes Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1149 Windy Willows Dr

Jacksonville, Fl 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: Steven Hughes / CEO

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

Address 1149 Windy Willows Dr

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

Jacksonville, Fl 32225

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Steven Hughes  
Address: 1149 Windy Willows Dr  
Jacksonville, Fl 32225

**ARTICLE VII INCORPORATOR**

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

Name: Steven Hughes  
Address: 1149 Windy Willows Dr  
Jacksonville, Fl 32225

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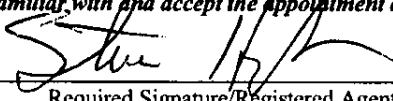
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/19/2016

\_\_\_\_\_  
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

05/19/2016

\_\_\_\_\_  
Date