

P16000055297

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000189204 3)))



H150001892043ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Benchmark Hospitality of Orlando, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

15 AUG -5 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG -5 AM 7:46

FILED

COVER LETTER

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

SUBJECT: BENCHMARK HOSPITALITY OF ORLANDO, 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: BMC-The Benchmark Management Company

Name (Printed or typed)

4 Waterway Square Place, Suite 300

Address

The Woodlands, TX 77380

City, State & Zip

281-367-5757

Daytime Telephone number

jmartin@usa-bti.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: Benchmark Hospitality of Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4 Waterway Square Place, Suite 300

The Woodlands, TX 77380

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity for which corporations may be organized under the Florida

Business Corporations Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alex Cabañas, President & CEO

Name and Title: Gregory Champion, COO

Address: 4 Waterway Square Place
Suite 300
The Woodlands TX 77380

Address: 4 Waterway Square Place
Suite 300
The Woodlands TX 77380

Name and Title: Rita McClure, Secretary

Name and Title: Humberto Cabañas, Chairman

Address: 4 Waterway Square Place
Suite 300
The Woodlands TX 77380

Address: 4 Waterway Square Place
Suite 300
The Woodlands TX 77380

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

15 AUG -5 AM 7:45
FILED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Martin
Address: 4 Waterway Square Place Suite 300
The Woodlands TX 77380

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

CT Corporation System
Howard L. Volz 8/4/2015
Required Signature/Registered Agent Asst. Secretary 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.

[Signature] 08/04/2015
Required Signature/Incorporator Date

FILED
15 AUG -5 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA