P1400033363

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Office Use Only		



84/03/18--01006--008 +*137.50

•

, ... ---) ---)

COVER LETTER

.*

, **•**

c.

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

۰ ×

4.

SUBJECT: Ben Jacobson Consultants Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50,00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Ben Jacobson Consultants, Inc.

Name (printed or typed)

9455 Collins Ave #309

Address

Surfside, FL 33154

City, State & Zip

305-690-0111

Daytime Telephone Number

ben@bjconline.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned. Ben Jacobson	President			
(Name)	(Title)			
of Ben Jacobson Consultants, Inc.	a foreign corporation.			
(Corporation Name) in accordance with s. 607.1801. Florida Statutes, doe	es hereby certify:			
1. The date on which corporation was first formed v	was March 2 , 2010			
The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Illinois				
 The name of the corporation immediately prior to the filing of this Certificate of Domestication was Ben Jacobson Consultants, Inc. 				
4. The name of the corporation, as set forth in its ar s. 607.0202 and 607.0401 with this certificate is				
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Office of the Illinois Secretary of State				
 Attached are Florida articles of incorporation to o to s. 607.1801. 	complete the domestication requirements pursuant			
Lam Presidentof Ben Jacobson Co	onsultants, Inc.			
and am authorized to sign this Certificate of Domest so this the 29 day of MWM	ication on behalf of the corporation and have done			
(Authorized Signature)				
Filing Certificate of Domestication	\$ 50.00			
Articles of Incorporation and Total to domesticate and file	Certified Copy <u>\$ 78.75</u> \$128.75			

.

,

.

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

.

THE NAME OF THE CORPORATION SHALL BE:

Ben Jacobson Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address

9455 Collins Ave

#309

Surfside, FL 33154

Mailing Address

9455 Collins Ave

#309

Surfside, FL 33154

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in this state

ARTICLE IV	SHARES	1000	
THE NUMBER OF	SHARES OF STOCK IS:	1000	

. .

· ·

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name President / Ben Jacobson	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Ben Jacobson

9455 Collins Ave #309

Surfside FL 33154

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Ben Jacobson

9455 Collins Ave #309

Surfside FL 33154

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Signature/Incorporator

 $\frac{3/21}{Date}$