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7/24/2018

2018 JUL 24 10:04 AM
Division of Corporations

64208084 From: Ranae L. Graw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
Benamoz Growth, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Benamoz Growth, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1926 10th Avenue North, Suite 400
Lake Worth, Florida 33461

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: To transact any or all lawful business for which corporations may be
incorporated under the Florida Business Corporation Act as it now exists or may hereafter be amended or supplemented.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Daniel Benamoz - President/TreasurerAddress: 1926 10th Avenue North, Suite 400
Lake Worth, Florida 33461Name and Title: Josh Weisfeld - Secretary/Asst. TreasurerAddress: 1926 10th Avenue North, Suite 400
Lake Worth, Florida 33461

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C.T. Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ACFB Incorporated
Address: 200 Public Square, Suite 2300
Cleveland, Ohio 44070

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 days prior or 90 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

By: C.T. Corporation System James M. Halpin Assistant Secretary 07/24/2018
Required Signature/Registered Agent 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] Assistant Secretary 7/24/18
Required Signature Incorporator Date