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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

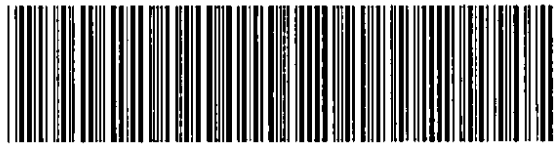
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAR 29 PM 12:55

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COVER LETTER

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

SUBJECT: Benjamin Strong 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: Benjamin Cleveland Foster
Name (Printed or typed)

106 Acorn Ln
Address

Thomasville, GA 31757
City, State & Zip

229-201-0809
Daytime Telephone number

Sweet Success @ Island.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:

Benjamin Strong Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2404 King St
Tallahassee, Fl. 32301

106 Acorn Ln
Thomasville, Ga. 31757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nabhaeus Watkins

Name and Title:

Address

2404 King St
Tallahassee, Fl. 32301
President

Address:

Name and Title: B.C. Foster

Name and Title:

Address

106 Acorn Ln
Thomasville, Ga. 32301
Vice-pres & C.F.O.

Address:

Name and Title: B.C. Foster

Name and Title:

Address

106 Acorn Ln
Thomasville, Ga. 31757
Sec.

Address:

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TALLAHASSEE, FL

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:

Benjamin Foster

Address:

2404 King St
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Benjamin Foster

Address:

2404 King St
Tallahassee, FL 32301

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

Benjamin C. Foster
Required Signature/Registered Agent

3-29-2019
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.

Benjamin C. Foster
Required Signature/Incorporator

3-29-2019
Date

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JULIA HARRIS