

P19 000 030 742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

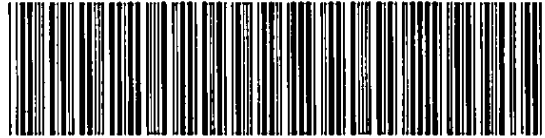
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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D O'KEEFE  
APR 11 2019

FILED  
19 APR - 8 PM 4: 53  
TALLAHASSEE, FLORIDA

W19-29691

April 3, 2019

Mark Benson  
751 Northlake Blvd.  
Suite 1-A  
N. Palm Beach, FL 33408

Mr. O'Keefe:

Be advised I do not intend to reinstate P12000064455 for Polo Image Center, Inc.

Thank you,

A handwritten signature in black ink, appearing to read "Mark R. Benson", written over a horizontal line.

Mark R. Benson

FILED  
19 APR -3 PM 4:53  
COUNTY OF ST. JAMES  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2019

FELICIA BENSON  
751 NORTHLAKE BLVD., STE. 1-A  
NORTH PALM BEACH, FL 33408

SUBJECT: POLO IMAGE CENTER, INC.  
Ref. Number: W19000029691

We have received your document for POLO IMAGE CENTER, INC. and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 019A00005905

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19 APR -8 PM 4:53  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Polo Image Center, 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      ☐ \$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:** Felicia Benson

\_\_\_\_\_  
Name (Printed or typed)

751 Northlake Boulevard, Suite 1-A

\_\_\_\_\_  
Address

North Palm Beach, FL 33408

\_\_\_\_\_  
City, State & Zip

561-307-0493

\_\_\_\_\_  
Daytime Telephone number

moneyradio@aol.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: Polo Image Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
751 Northlake Boulevard, Suite 1-A  
North Palm Beach, FL 33408  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Felicia Benson, Pres.  
Address 751 Northlake Boulevard  
Suite 1-A  
North Palm Beach, FL 33408

Name and Title: Mark Benson, VP  
Address: 751 Northlake Boulevard  
Suite 1-A  
North Palm Beach, FL 33408

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

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

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

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19 APR -8 PM 4:53  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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: Mark R. Benson

Address: 751 Northlake Boulevard, Suite 1-A

North Palm Beach, FL 33408

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19 APR -8 PM 4:54  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Felicia Benson

Address: 751 Northlake Boulevard, Suite 1-A

North Palm Beach, FL 33408

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 1, 2019. (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.

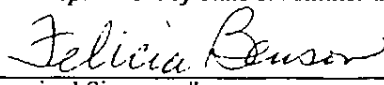
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

March 19, 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.*

  
Required Signature/Incorporator

March 19, 2019

Date