

**P20000073192**

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

From:  
Account Name : L & R INTERNATIONAL FIRM INC  
Account Number : I20200000026  
Phone : (786)413-4344  
Fax Number : (305)222-9004

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BENARR INC**

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

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**COVER LETTER**

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

**SUBJECT:** BENARR 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:** FRANCISCO W BENDECK MEMBRENO

Name (Printed or typed)

4414 SW 163RD PL

Address

MIAMI, FL 33185

City, State &amp; Zip

786-617-0067

Daytime Telephone number

mpropias@hotmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

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

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**ARTICLE I NAME**The name of the corporation shall be: BENARR INC**ARTICLE II PRINCIPAL OFFICE**Principal street address4414 SW 163RD PL  
MIAMI, FL 33185

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FRANCISCO W BENOECK MEMBRENO / PRESIDENTAddress: 4414 SW 163RD PL  
MIAMI, FL 33185Name and Title: HILDA ARROYO LUGO / VICE PRESIDENTAddress: 4414 SW 163RD PL  
MIAMI, FL 33185

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

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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: OSCAR LOPEZ  
Address: 8410 WEST FLAGLER ST STE 205  
MIAMI, FL 33144

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: OSCAR LOPEZ  
Address: 8410 WEST FLAGLER ST STE 205  
MIAMI, FL 33144

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 09/18/2020 (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*

Oscar Lopez 09/18/2020  
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.*

Oscar Lopez 09/18/2020  
Required Signature/Incorporator Date

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