Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096 : (239)791-8132 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA PROFIT/NON PROFIT CORPORATION BENJAMIN BREWER PA,

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J. FASON

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COVER LETTER

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

SUBJECT: BENJAMIN RYCI	wes. P.A	
Enclosed are an original and one (1) copy of the arti		
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FROM: RITA Jackman	c (Printed or typed)	
10701001	i Air Har	

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)

CLE II PRIM	NCIPAL OFFICE		te ateriore to
	Principal street address	Hooy SE 10 Cape Cola; F	L 33964
CLE III PUR	POSE n the corporation is organized is: RCC	L EState	
CLEIV SHA	RES 1/20		2020 (
<u>CLE V INIT</u>	of stock is: 100 IAL OFFICERS AND/OR DIRECTORS		DEC 21 /
Name and Ti	4004 SE 1St CT Cape Coral, Fi 3390	Address:	1110 02
Name and Tit	le:		
Address			
		Name and Title:	
Name and Tit		Address:	

Name and Title:	Name and Title:
Address	, Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name: Rita Jackman	
Address: 12381 S. Cheveland A	<u>x #200</u>
Foot Mules FL 339	307
-(-)	20:
ARTICLE VII INCORPORATOR	020 DEC 2
The name and address of the Incorporator is:	C 2
Name: KITA Jackman	
Address: 12381 S. Clevelan	d full #200 =:
Fort Myers, Fr	<u>d Au</u> #200 = 33807 = 8
	. 2
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific a filing.)	ind cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	s records.
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment of	process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
	6536/15/61
Required Signature/Registered A	agent Date
I submit this document and affirm that the facts stated h document to the Department of State constitutes a third dep	erein are true. I am aware that the false information submitted in a cree felowy as provided for in s.817.155, F.S.
uncurrent in the Definances of Guest Str.	
Required Signature/Incorporator	Date 12616000