

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 : CANALES & ASSOCIATES ACCOUNTING INC
Account Number : I20210000091
Phone : (305)821-1076
Fax Number : (305)821-1079

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

Email Address: CANALESASSOCIATE@YAHOO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
BEN SALES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: BEN SALES, 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: ALBERTO VALDES
Name (Printed or typed)

4885 E. 10 AVE.
Address

HIACLEAH, FL. 33013
City, State & Zip

Daytime Telephone number

CANALESASSOCIATE@YAHOO.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)

ARTICLE I NAMEThe name of the corporation shall be: BEN SALES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

4885 E. 10 AVE.
Hialeah, FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Sales purpose**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alberto Valdes / PresidentAddress: 4885 E. 10 AVE.Hialeah, FL 33013

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: Alberto Valdes
Address: 4885 E. 10 AVE.
Hialeah, FL 33013

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Alberto Valdes
Address: 4885 E. 10 AVE.
Hialeah, FL 33013

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-15-2021 (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

Alberto Valdes
Required Signature/Registered Agent

6-15-2021
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.

Alberto Valdes
Required Signature/Incorporator

6-15-2021
Date