

4/13/22, 10:33 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**BEN'S HOME IMPROVEMENT INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

S. CHATHAM

APR 14 2022

Electronic Filing Menu

Corporate Filing Menu


Help

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, Ben's Home Improvement Inc, who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the President of The Hamilton Place at BEN'S HOME IMPROVEMENT INC a Florida corporation, filed with the Florida Department of State.
2. The undersigned hereby consents to and authorizes the use of the name BEN'S HOME IMPROVEMENT INC.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

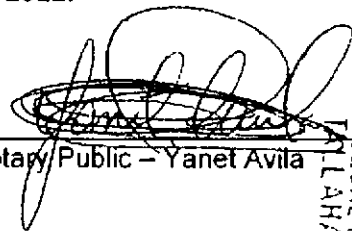
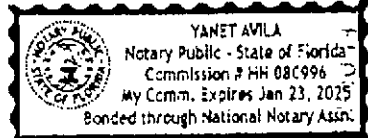
FURTHER AFFIANT SAYETH NAUGHT.

  
 Jose Zapata (Apr 12, 2022 16:15 EDT)  
 JOSE B. ZAPATA

STATE OF FLORIDA                    )  
   ) SS:  
 COUNTY OF MIAMI-DADE        )

PERSONALLY, appeared before me, Jose B. Zapata who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 12 day of April, 2022.

  
 Notary Public - Yanet Avila  
 Seal:  


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**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: BEN'S HOME IMPROVEMENT INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1480 SW 104 AVEPEMBROKE PINES, FL 33025

Mailing address, if different is:

1480 SW 104 AVEPEMBROKE PINES, FL 33025**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE B. ZAPATA - P

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

Address 1480 SW 104 AVE

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

PEMBROKE PINES, FL 33025

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FL 32399

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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: JOSE B. ZAPATA  
Address: 1480 SW 104 AVE  
PEMBROKE PINES, FL 33025

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE B. ZAPATA  
Address: 1480 SW 104 AVE  
PEMBROKE PINES, FL 33025

**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*

  
Jose Zapata (Apr 1, 2022 09:53 EDT)

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.*

  
Jose Zapata (Apr 1, 2022 09:53 EDT)

Required Signature/Incorporator

\_\_\_\_\_  
Date

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