

10/7/22, 4:25 PM

Division of Corporations

**P22000077322**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: BENSHAMUA5@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**BBENTS COMPANY**

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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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: BBENTS COMPANY**ARTICLE II PRINCIPAL OFFICE**Principal street address  
3300 WEST ROLLING HILLS CIRCLE APT 406  
DAVIE, FL 33328Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**The number of shares of stock is: 200 AT NO PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BEN SHAMUA - PRESIDENT Name and Title: \_\_\_\_\_Address 49 CENTRE STREET Address: \_\_\_\_\_  
WOODMERE, NY 11598 \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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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: BRIAN OKUN  
Address: 3300 WEST ROLLING HILLS CIRCLE APT 406  
DAVIE, FL 33328

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

Name: BEN SHAMUA  
Address: 49 CENTRE STREET  
WOODMERE, NY 11598

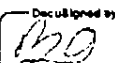
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

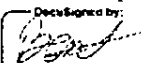
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

Dec. Signed by:  \_\_\_\_\_ OCTOBER 7, 2022  
Required Signature/Registered Agent BRIAN OKUN 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.*

Dec. Signed by:  \_\_\_\_\_ OCTOBER 7, 2022  
Required Signature/Incorporator BEN SHAMUA Date

2022 OCT -7 PM 1:31  
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