

4/17/23, 8:04 AM

Division of Corporations

Florida Department of State
Division of Corporations
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((H23000142230 3)))



H230001422303ABCR

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

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

RECEIVED
2023 APR 17 AM 8:13
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
BEN ATAR INC

Certificate of Status	1
Certified Copy	0
Page Count	03
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FILED
17 AM 10:41
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

((H23000142230 3)))

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 ATAR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7110 ONYX DR

SAINT PETERSBURG, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: INON YOSEF, PRESIDENT Name and Title: YONATHAN UZIEL, VP

Address: 7110 ONYX DR Address: 7110 ONYX DR
SAINT PETERSBURG, FL 33702 SAINT PETERSBURG, FL 33702

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: INON YOSEF

Address: 7110 ONYX DR
SAINT PETERSBURG, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INON YOSEF

Address: 7110 ONYX DR
SAINT PETERSBURG, FL 33702

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

<u>/s/ INON YOSEF</u>	<u>4/12/2023</u>
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.

<u>/s/ INON YOSEF</u>	<u>4/12/2023</u>
Required Signature/Incorporator	Date