

P240000019220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

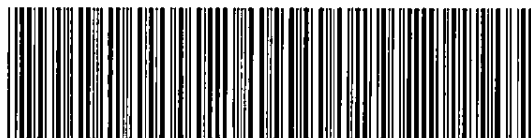
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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2024 MAR 18 PM 3:07

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 12021000160: 70.00
Authorization Signature: *[Signature]*

Benitos 220, Inc.
Business

Document #

Walk in Pick up time _____

Mail out Will wait

Certified copy of articles of Organization

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

OTHER FILINGS

- Annual Report
- Fictitious Name

APOSTIL _____
Country

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

Other

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STATE OF FLORIDA
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EXAMINER'S INITIALS: _____

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RECEIVED
SEP 10 2008
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

EXAMINER'S INITIALS: _____

Release and Permission to Use Name

(Date)

To: **Florida Department of State Division of Corporations**

Re: **Release and permission to use name**

Entity's name: Benitos 220 INC

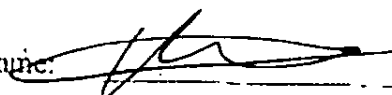
Florida Doc. Number: P22000003935

The date the document was filed with the Division of Corporations: 01/21/2022

I give my permission to release the name: Benitos 220 Inc.

to make it available to the Division of Corporations for use by others. I will not
revoke this release of name.

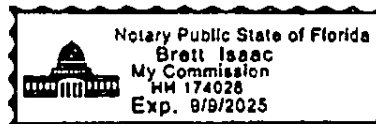
Sincerely,

Signed name: 

Printed Name: Arben Lari Title: President

(NOTARY)





RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

01/21/2022

COVER LETTER

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

SUBJECT: Benitos 220 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: Brett Isaacs
Name (Printed or typed)
2151 University Blvd S
Address
Jacksonville, FL 32216
City, State & Zip
904-730-9264
Daytime Telephone number
Brett@isaactaxcpa.com.
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JAN 19 2006

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)

ARTICLE I NAME

The name of the corporation shall be: Benitos 220 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>2219 County Rd 220 Ste 317</u> <u>Middleburg, FL 32068</u>	Mailing address, if different is:
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a restaurant.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Arben Lari, <i>President</i></u>	Name and Title: _____
Address: <u>2219 County Rd 220 ste 317</u>	Address: _____
<u>Middleburg, FL 32068</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

FILED
MAY 13 2013
CLERK OF THE CIRCUIT COURT
MIDDLEBURG, FLORIDA

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: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

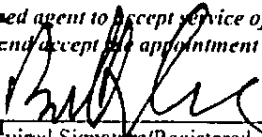
ARTICLE VIII EFFECTIVE DATE:

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.)

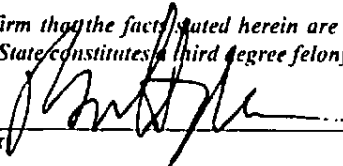
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

3/8/24
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.


Required Signature/Incorporator

3/8/24
Date

