ONLY

Address
City State ZIP Phone

500001449455 -04/06/95--01014--031 \*\*\*\*122.50 \*\*\*\*122.50

### CORPORATION(\$) NAME

BE	n Int	ER INC	<u>C.                                      </u>
Profit NonProfit	( ) Ameno	dment	( ) Merger
) Foreign	( ) Dissoli	utlon	( ) Mark
) Limited Partnership ) Reinstatement	( ) Annua ( ) Reserv	il Report vation	( ) Other ( ) Change of Registered Agent
Certified Copy	( ) Photo	Copies	( ) Certificate Under Seal
Call When Ready Walk In	( ) Call If	Problem ( Pick Up	( ) After 4:30 ( ) Mall Out

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Availability

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Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Carrie and Court

4-6-95

Suppre Toll Free: 1-800-432-3028

### ARTICLES OF INCORPORATION

BIEN LINTER

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract; hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: BEN ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV- CAPITAL STOCK The corporation is authorized to issue HOUSAND shares (1000) of ONE Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: NAME ADDRESS FLORIDA The principal office, if known, or the mailing address of the corporation is: NAME ADDRESS FLORIDA

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

increased of	ation shall have $\frac{1600}{1600}$ it diminished from time to time by the director(s) of the corporation are as	( Z ) directors initially. The number e By-Laws, but shall never be less than one (4 s follows:	of directors may be either ). The names and addresses
NAME	ARAN BENJAKAY	(PRECIDENT : TE	ENSUP EL
ADDRESS	105 MESTISCOD	4 ****	
CITY USE	ST PAIN BEACH	STATE FIL.	21P33411
NAME	BOOKER (SOPE	111 ) PHENTALLAY (Vice	FRESIDENT 5
ADDRESS	OF WESTWOOD	CIR E	<u>'</u>
CITY (JE	OT PALM BEACH	STATE 4-1	zip-334-11
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME		STATE TL	zip 334]]
ADDRESS	OB WESTWOOD ST PALM BEACH	·	zip33411
NAME	11 LACTION TREACH	<del>(1111)</del>	
ADDRESS_	·		
CITY		STATE	ZIP
IN WITNES	S WHEREOF, the undersigned sub	scriber(s) have executed these Articles of Inco	(Seal)
			(Seal)

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

	***	مساه	द्वितर्थः इतिहास	Ü
REM	TIME TE			
	(name of c	orporation)		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

st	366	N.	LONGRES	5 AVE.		
	Boy	NTON	BEACH.	于上	33426.	
			1 BENS			<u> </u>
locate	d at the	aforesaid :	ddress, as its Ro	egistered Agen	t to accept service of p	process within
this si						

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)