

P96000002 1792

SECRETARY OF STATE
CORPORATION DIVISION
THE CAPITOL
TALLAHASSEE, FLORIDA 32301

Re: Articles of Incorporation

Dear Sirs,

Enclosed you will find my check in the amount of ^{79.-} ~~\$122.50~~
which pays the filing fee, Resident agent fee, and certified
copy of the Articles of Incorporation included herein.

Thank you for your consideration in this matter, and if you
have any questions, please contact me immediately.

Very truly yours,

100001786501
-03/07/96--01116--001
*****79.00 *****79.00

(K) Benjamin

MAR 11 1996' BSB

FILED
96 MAR -7 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF
BEN PAVERS, INC

FILED

96 MAR -7 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of this Corporation shall be :

BEN Pavers, Inc

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating as
a CONTRACTOR and transacting any and all
lawful business.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1
par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and
registered office of this corporation is 250 W. SAMPLE ROAD,

POMPANO BEACH, FL 33064

and the name of the initial

registered agent of this corporation at the above
address is:

BENILDO OLIVEIRA BARREIROS

250 WEST SAMPLE ROAD

POMPANO BEACH FL 33064

ARTICLE V

DIRECTORS

This corporation shall have one Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

BENILDO OLIVEIRA BARREIROS
250 WEST SAMPLE ROAD
POMPANO BEACH FL 33064

ARTICLE VI

INCORPORATORS

The name and address of the person signing these

Articles is: BENILDO OLIVEIRA BARREIROS
250 WEST SAMPLE ROAD
POMPANO BEACH FL 33064

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this
of

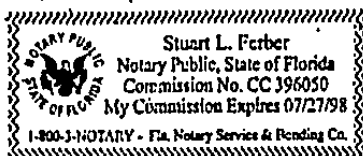
B. B. [Signature] Pres
(X) [Signature] Sec

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 26 Day of February 1981
personally appeared before me, the undersigned authority,
Benildo Bragance to me well known and known to me to the
individual described in and who executed the foregoing
Articles of Incorporation, and acknowledged before me that
they executed the same freely and voluntarily for the purpose
therein expressed.

[Signature]
Notary Public

My commission Expires:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

BEN PIVERS, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 250 WEST SAMPLE ROAD
Pompano Beach, COUNTY OF BROWARD STATE OF
FLORIDA. HEREWITH APPOINTS, BENILDO OLIVERA BARREIROS
AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

(X) Benildo Olivera Barreiros
(CORPORATE OFFICER)

TITLE

President

DATE

2/26/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

(X) Benildo Olivera Barreiros

DATE

2-26-96

FILED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
STATE OF FLORIDA
PH 1:16

P96000021792

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: Stuart Ferber, American Insurance Management EIN or SS#: _____

Address: 750 East Sample Road
Pompano Beach, FL 33064

Amount: \$115.00 Date Paid: _____

Reason for Claim: Decided not to file
Articles for RUPERT R. REID, INC. (W96000017631, Overpayment on articles
for BEN PAVERS, INC. (P96000021792), MONSAN CORP. (P96000012511), KEVIN L. EBRIGT,
INC. (P97000002081), FLORIDA BUILDING & DESIGN, INC. (P96000090802). Request refused.

Certified true and correct this _____ day of _____, 19 _____,

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

RECEIVED
9 SEP 22 PM 3:30
OFFICE OF REVENUE

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 115.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. --01056--013 dated --02/06/96 --01113--020 --01/03/97
--01087--005 --08/20/96 --01073--022 --11/01/96
--01116--001 --03/07/96

NAME OF ACCOUNT: 45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____,

Department of State, Division of Corporations (Agency) _____ (Authorized Agency Signature and Title)