

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

BEN-ASSIST INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee & Certificate □\$122.50

\$131.25

Filing Fee

& Certified Copy

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: KATHLEEN ZERUTH
Name (Printed or typed)

Name (Printed or typed)

7154N/UNIVERSITY DR. #107

Address

TAMARAC FLOTIDA 33324

City, State & Zip

954- 721-6948

Davtime Telephone number

APR 2 1,356

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BEN-ASSIST, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

OTHER 2. PH 2: 15 7154 N. UNIVERSITY DR # 107

TAMARAC FloriDA 33321

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE (5)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHRISTOPHER ZERUTH 6950 SouTHgate BLUD #205 TAMARAC FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KATHLEEN ZERUTH 7154 N. UNIVERSITY DR # 107 TAMARAC FlorIDA 33321

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31 day of March , 1997.

(An additional article must be added if an effective date is requested.)

Katileen Ceruth Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is $BEN-ASSIST$, INE |
|----|--|
| 2. | The name and address of the registered agent and office is: |
| | CHRISTOPHER ZERUTH |
| | 6950 Sou THOATE BLUD 205 (P. O. Box or Mail Drop Box NOT ACCEPTABLE) |
| | TAMARAC FLORIDA 33321 (CITY/STATE/ZIP) |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) 3-3/-97
(DATE)