TRANSMITTAL LETTER

P970000 57845

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

SUBJECT:

BEN COOPER & ASSOCIATES, 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

L3122.30

Filing Fee & Certified Copy

\$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	BEN A COOPER	
	Name (Printed or typed)	
	3909 EAST BAY DRIVE SUITE 110	<u> </u>
	Address 90	00022268990 -06/30/9701150011 *****70.00 ******70.00
	HOLMES BEACH, FL 34217	******(0.00
	City, State & Zip	
	813-778-6118	
	Daytime Telephone number	

P. RI-MARADIA

JUL 2 1997

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporation, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BEN COOPER & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3909 EAST BAY DRIVE, SUITE 110, HOLMES BEACH, FL 34217

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BEN A. COOPER 3909 EAST BAY DRIVE SUITE 110

ARTICLE WILNERVE OR FOR 34217

The name and address of the incorporator to these Articles of Incorporation are:

BEN A COOPER 3909 EAST BAY DRIVE SUITE 110 HOLMES BEACH/FL 34217

Signature Incorporator

6-30-97

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

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/Registered Agent

6-30-97 Date

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