## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000098026 3)))



121 0000980263ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Canill.	Address:		
PUI H L L	MUUI ESS.		

## FLORIDA PROFIT/NON PROFIT CORPORATION BENJAMIN RESTAURANT CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 MAR 10 PM 4: 59

3056423992

PAGE 03

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: BENJAM	IN RESTAURANT CORP		
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
135 SW 2 ST, #4	1351 SW 2 ST. #4		
MAMI, FL. 33135	miami, FL. 33/35		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:			
AMY AND ALL LEGAL			
	2 75		
	<u></u>		
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE Y INITIAL OFFICERS AND/OR DIRECTORS			
Name and Title RAFAEL A. FIGUEREDO	Name and Title:		
Address PTSD	_ Address:		
1351 S.W. 214 ST., #4			
MIAMI FL. 33135			
Name and Title:	Name and Title:		
Address	Address:		
Name and Title:	Name and Title:		
Address			

07/16/2014 03:02 3055423992

PAGE 84

Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of Stata constitutes a third degree felony as provided for in s.817.155, F.S.  23 [0]	Name and Title:	Name and Title:
The name and Flortida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 2NR ST. # 4	Address	Address:
The name and Flortida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 2NR ST. # 4		
The name and Flottis street address (P.O. Box NOT acceptable) of the registered agent is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 2MR ST. # 4	RTICLE VI REGISTERED AGE	en <b>t</b>
ARTICLE VII INCORPORATOR  The manne and address of the Incorporator is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 229 ST., #4  MAMI, F.C. 33135  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be 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 as the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  23 [10] 3	e name and Florida street address	(P.O. Box NOT acceptable) of the registered agent is:
ARTICLE VII INCORPORATOR  The parms and address of the Incorporator is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 229 ST., #4  MAMI, F.C. 33135  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be 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 as the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	ame: RAFAEL	A. FIGUEREDO
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 2 <sup>AP</sup> ST., #4  MIAMI, F.C. 33135  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  23 [10] 20.	· · · · · · · · · · · · · · · · · · ·	
The name and address of the Incorporator is:  Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 249 ST., #4  MIAMINE FL. 33135  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  23 [10]		
Name: RAFAEL A. FIGUEREDO  Address: 1351 S.W. 2 <sup>MP</sup> ST., TH  MAMI, F.C. 33135  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing. MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of Sum constitutes a third degree felony as provided for in s.817.155, F.S.  23 10 6	\(\tau\)\(\tau	<u>, FL. 53137</u>
Name: RAFAEL A. FIGUEREDO  Address: 1351 S. W. 249 ST., #4  MIAMI, F. C., 33135  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	TICLE VII INCORPORATOR	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cavacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	e name and address of the Incorpor	ator is:
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cavacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name: RAFAEL	A. FIGUEREDO
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MARCH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 as the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: MACH 10, 202 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		, ,
Effective date, if other than the date of filing. MACH 10, 2021 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	WAM	V F.C. 33135
Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	fective date, if other than the date of an effective date is listed, the date	ffiling: MACH 10, 2021 (OPTIONAL)
Required Signature/Registered Agent  1 submit this document and affirm that the facts stated herein are trae. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  23 [0] 202	te: If the date inserted in this block document's effective date on the D	c does not meet the applicable statutory filing requirements, this date will not be listed as repartment of State's records.
Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.  193 [0]	ving been named as registered agen Uficate, I am familiar with and acce	t to accept service of process for the above stated corporation at the place designated in this upt the appointment as registered agent and agree to act in this capacity
I submit this document and affirm that the facts stated herein are true. I am aware that the false information subdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Lake	03/10/2021
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Required Si	gnature/Registered Agent Date
Required highlature/Incorporator Date	ubmit this document and affirm the rument to the Department of State co	at the facts stated herein are true. I am aware that the false information submitted in a onstitutes a third degree felony as provided for in s.817.155, F.S.
Required bighature/Incorporator Date	dha	02/10/2021
· N	quired basiature/Incorporator	Date