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JUN 06 2014

J. HARRIS

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	FC Benova	Houls LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	- spondence concerning this m	natter to the following:	
	enfament of C	Name of Person	
	BFC Zanou	Sations L	
_3	100 N.E. H	Address	
1/19	Speruge	2 fla 32 City/State and Zip Code	643
(Br	Course 56	Mystate and Zip Code Modern Co	atión)
For further information	concerning this matter, plea	ase call:	
Berdamm	Course at (386) d88-0	14 1
Nam	e of Person	Area Code Daytime Te	ephone Number
Enclosed is a check for	the following amount:		
□ \$125.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Col Querosofouls,	LLC
(Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

3200 NE 48# DIE	3200 N.E. 48 H DE
HIGH SPEICKED, FLA 3264	3 High Spenigo Fla 320
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
Nam	ne. 🖊

Mailing Address:

JOSH NE

SLOW M.E. #B M DUE
Florida street address (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	w
MGR" = Manager MGR	Bank Florence
WIG /	2200 NG LIOH AV
	HYGH SPRINGS F 4 32643
	116 N D 1 - 35013
	
V: Effective date, if other than the date tive date is listed, the date must be specified.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
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ARTICLE IV-