

L19000235935

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To: Division of Corporations
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From: Account Name : FASTKIT CORP
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Phone : (305)599-0839
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2nd Request

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

Email Address:

FLORIDA LIMITED LIABILITY CO.
BENSELL INVESTMENTS, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (02), Estimated Charge (\$155.00)

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September 25, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: BENSELL INVESTMENTS, LLC
REP: W19000086547

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H19000286104
Letter Number: 519A00019822

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. E. D.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BENSELL INVESTMENTS, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

C/O FELIX M. CACERES II, P.A.

1035 SW 87 AVENUE

MIAMI, FLORIDA 33174

C/O FELIX M. CACERES II, P.A.

1035 SW 87TH AVENUE

MIAMI, FLORIDA 33174

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FELIX M. CACERES II, P.A.

Name

1035 SW 87 AVENUE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

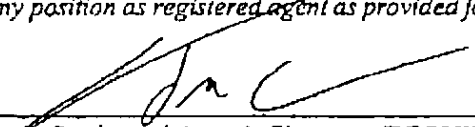
33174

City

State

Zip

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FELIX M. CACERES II

1035 SW 87 AVENUE

MIAMI, FLORIDA 33174

MGR

LISSETTE M. CACERES

1035 SW 87 AVENUE

MIAMI, FLORIDA 33174

(Use attachment if necessary)

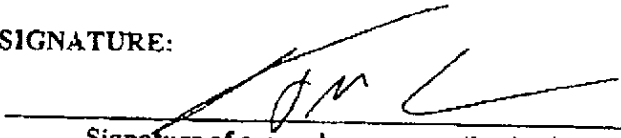
ARTICLE V: Effective date, if other than the date of filing: 9/24/2019 (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

FELIX M. CACERES II

Typed or printed name of signee