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(Re	equestor's Name)	_ <del></del>		
(Address)				
(Ac	ldress)	<u>,</u> ,		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
	isiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to		LC		
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## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT: 76 Holdings LC (Name of Circlited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
David M. Benentelo				
(Name of Person)				
(Firm/Company)				
7491 West Oakland Park Blud Suite 304				
Lauderhill FC 33319				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
David H. Beneffeld at (954) 677 0155  (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
	\$130.00 Filing Fee & Pertificate 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)	
F C P	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "Limited Company,"	npany" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:			
Principal Office Address: M	ailing Address:			
7491 West Cok bno Park Blue Suite 304 Lauderhill, Fl 33319	491 West-OaklandParkBlud Suite 304 auderhill, FC 33319			
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:				
David M. Benerteld				
7491 West Oakland Park Blud Suffe 304 Florida street address (P.O. Box NOT acceptable)				
City, State, and Zip				
Having been named as registered agent and to accept liability company at the place designated in this caregistered agent and agree to act in this capacity. If statutes relating to the proper and complete performaccept the obligations of my position arregistered	ertificate, I hereby accept the appointment as arther agree to comply with the provisions of all nance of my duties, and I am familiar with and I agent as provided for in Chapter 608, F.S			
Registered Agent's Signature (F	EQUIRED)			

(CONTINUED) Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ . (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.) REQUIRED SIGNATURE an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)