

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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FILING LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND

1.) Austin Benjamin LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS

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"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU

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DIVISION OF CORPORATION
00160/01/22/006671



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 6, 2000

CORPORATE ACCESS, INC.

SUBJECT: AUSTIN BENJAMIN LLC
Ref. Number: W00000021831

We have received your document for AUSTIN BENJAMIN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 400A00047186

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

AUSTIN BENJAMIN LLC

ARTICLE II – MAILING & PRINCIPAL OFFICE ADDRESS:

8720 Thornwood Lane
Tampa, Florida 33615

**ARTICLE III – Registered Agent, Registered Office, and Registered Agent's
Signature:**

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

David S. Relin
8720 Thornwood Lane
Tampa, Florida 33615

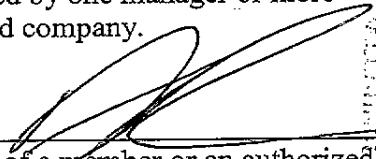
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.



David S. Relin

ARTICLE IV – MANAGEMENT (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager – managed company.



Signature of a member or 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.)



Leonard Relin

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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