

**Lod 000017414**

**Florida Department of State**

**Division of Corporations**

**Public Access System**

**Katherine Harris, Secretary of State**

**Electronic Filing Cover Sheet**

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

**((H02000164801 1)))**

**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) 205-0383**

**From:**

**Account Name : PARCORP SERVICES, LTD.**

**Account Number : 119990000011**

**Phone : (800) 603-2533**

**Fax Number : (800) 398-0461**

**LIMITED LIABILITY COMPANY**

**BENJAMIN THOMAS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

FILED

02 JUL 11 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

02 JUL 11 PM 1:56

DIVISION OF CORPORATIONS

AL

Fax Audit No. (((H02000164801 1 )))

## STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

## BENJAMIN THOMAS, LLC

Pursuant to s. 608.407, Florida Statutes.

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BENJAMIN THOMAS, LLC

## ARTICLE II - Address:

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

725 PALMER WAY, MELBOURNE, FL 32940

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

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

BENJAMIN T. OGDEN

Name

725 PALMER WAY

Florida street address (P.O. Box NOT ACCEPTABLE)

MELBOURNE, FL 32940


City, State and 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 608, F.S.

  
Registered Agent's Signature

## 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 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.)

DAVID L. SURINA

Typed or Printed name of signee

## Preparer Info:

Parcorp Services, Ltd. / David L. Surina

931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

Fax Audit No. (((H02000164801 1 )))

FILED  
02 JUL 11 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. (((H02000164801 1 )))

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**BENJAMIN THOMAS, LLC**

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

**BENJAMIN T. OGDEN**

Name

**725 PALMER WAY**

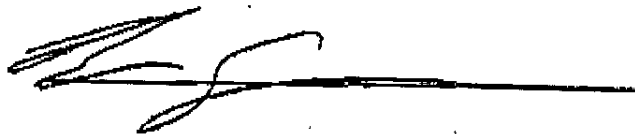
Florida street address (P.O. Box NOT ACCEPTABLE)

**MELBOURNE, FL 32940**

City, State and Zip

FILED  
02 JUL 11 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*



Registered Agent **BENJAMIN T. OGDEN**

Fax Audit No. (((H02000164801 1 )))