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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

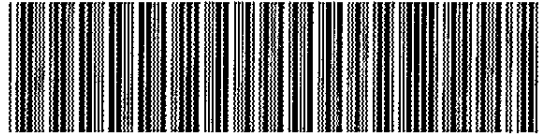
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Transmittal Letter

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

SUBJECT: Benefit Management Consultants, LLC

The enclosed Articles of Organization and fees are submitted for filing. The attached check in the amount of \$130.00 is for the filing fee for the Articles of Organization, Designation of Registered Agent & Certificate of Status.

Please return all correspondence concerning this matter to the following:

Gregory S. Cox
Benefit Management Consultants, LLC
8564 Cedar Cove Drive
Orlando, Florida 32819

For further information concerning this matter, please call:

Gregory S. Cox at (407) 672-2318

ARTICLES OF ORGANIZATION

The following Articles of Organization are pursuant and are in compliance with Chapter 608.407 of Florida Statutes.

ARTICLE I Name

The name of the Limited Liability Company shall be:

Benefit Management Consultants, LLC

ARTICLE II Principle Office

The principle place of business / mailing address is:

8564 Cedar Cove Drive, Orlando, Florida, 32819

ARTICLE III Registered Agent

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

Gregory S. Cox, 8564 Cedar Cove Drive, Orlando, Florida, 32819

Having been named as Registered Agent 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.

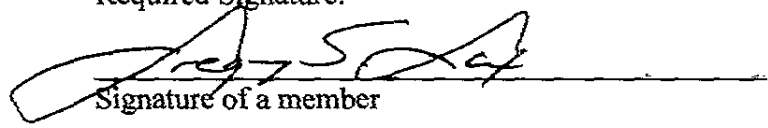

Signature / Registered Agent


Date

ARTICLE IV Managers or Managing Members

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Status</u>
Frank S. Blackard	122 Hidden Oak Circle	Longwood	FL	32779	MGR
Gregory S. Cox	8564 Cedar Cove Dr.	Orlando	FL	32819	MGR

Required Signature:


Signature of a member


Date

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true)

Gregory S. Cox

(Printed Name of Signee)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA