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TRANSMITTAL LETTER

	stration Section ion of Corporations	
SUBJECT:	BENET LLC	
	(Name of Limited Liability Company)	-
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	(Name of Person)	
_		
<u></u>	P.O. Box 291579	
	(Address)	
	0 5	
	3 DE	
For further inf	O3 DEC 19	
	Robert J Benson at (407) 782-1069 -	ORPORATION OR
	(Name of Person) (Area Code & Daytime Telephone Number)	: 08

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BEN	ET 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:
2433 Sherbrooke Road	P.O. Box 291579
Winter Park, FL 32792	Port Orange, FL 32129
	stered Office, & Registered Agent's Signature:
The name and the Florida street address o	f the registered agent are:
The name and the Florida street address o	f the registered agent are:
The name and the Florida street address o Mark 3100 Clay	A. Koteen Name Ave. Suite 177
The name and the Florida street address o Mark 3100 Clay	A. Koteen Name

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Robert J. Benson, Inc.	
· · · · · · · · · · · · · · · · · · ·	P.O. Box 291579	
	Port Orange, FL 32129	
MGRM	Jeromarli Trust (03-20-1984)	
	P.O. Box 291579	
	Port Orange, FL 32129	
MGRM	Orange Group Investments, Inc.	
	2433 Sherbrooke Road	
	Winter Park, FL 32792	
(Use attachment if necessary)		DIVISION OF CO
REQUIRED SIGNATURE: Signature of a member or a	be added if an effective date is requested. Person authorized representative of a member.	OFF STATE OF STATIONS OF AM 11: 08
	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury c true.)	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Check # 1158

\$ 155.00

Typed or printed name of signee

Robert J. Benson/President/Robert J. Benson, Inc.