L04000018252

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
f. co.	u10 00)	
_		
(City	y/State/Zip/Phon	e #)
PICK-UP		
☐ bick-nb	TY WAIT	MAIL
(Bus	siness Entity Nar	ne)
- (Do	cument Number)	
(50.	outhern various)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer	
	ming cimeer.	
		}
<u> </u>		

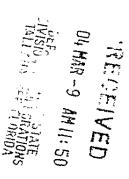
Office Use Only



300029800163

03/09/04--01050--012 **250.00

SECRETA STATE STATE A



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	· -
SUBJECT: ALBENN GROUP (Name of Limited Liability Company)	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ALFRED BENEFIELD (Name of Person)	04 MAR -9
ALBENN GROUP UC (Firm/Company)	
3536 UNIV. BLUD. N. #251	
JACKSONVILLE FC 39277 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ALFRED BENEFICID at (964) (Name of Person) (Area Code & Da	333-9590 sytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 RAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name: The name of the Limited Liability Company is:
ALBENN GROUP 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: Mailing Address: 3536 Univ. Blvd. N. #25/ TACKSONVILLE, FL 32277 TACKSONVILLE, FL 32277
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ALFRED BENEFIELD
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32277 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 Chapter 608, F.S..

Registered Agent's Signature

(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	ALFRED BENEFIELD 3536 UNIV. BWD, N. #251 TACKSONVILLE, FL 32277 RONNED: KETLAM 3500 DUCO BUND N. #2803 TACKSONVILLE, FL 32277
	Property of the state of the st
(Use attachment if necessary)	9 FLORIDA FLORIDA FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

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)