

L04 0000 21253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

Examiner

DCC

Updater

Office Use Only

Updater

Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



000028391160

02/16/04--01008--004 **125.00

04 MAR 19 PM 12:13

FILED
SECRETARY OF STATE
CORPORATIONS

Suffix

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENEDICT CIMINI
(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:

BENEDICT CIMINI
(Name of Person)

BENEDICT CIMINI
(Firm/Company)

1720 JEFFERSON ST. APT. 512
(Address)

HOLLYWOOD, FL 33020
(City/State and Zip Code)

04 MAR 19 PM 12:13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

BENEDICT CIMINI at (954) 647-6347
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 24, 2004

BENEDICT CIMINI
1720 JEFFERSON ST., APT 512
HOLLYWOOD, FL 33020

SUBJECT: BENEDICT CIMINI
Ref. Number: W04000007756

We have received your document for BENEDICT CIMINI and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 404A00012440

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BENEDICT CIMINI LLC

ARTICLE II - Address:

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

Principal Office Address:

BENEDICT CIMINI
1720 JEFFERSON ST. APT 512
HOULTWOOD, FL 33020

Mailing Address:

BENEDICT CIMINI
1720 JEFFERSON ST APT 512
HOULTWOOD, FL 33020

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

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

BENEDICT CIMINI
Name
1720 JEFFERSON ST. APT 512
Florida street address (P.O. Box NOT acceptable)
HOULTWOOD, FL 33020
City, State, and Zip

FILED
SECRETARY OF STATE
04 MAR 19 PM 12:13
CORPORATION

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..

Benedict Cimini
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

[Signature]

BENEDICT CIMINI
1720 JEFFERSON ST. APT 512
HOLLYWOOD, FL. 33020

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

[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.)

BENEDICT CIMINI
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)

04 MAR 19 PM 12:13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS