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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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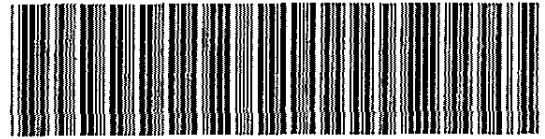
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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418

SHELDON D. STEVENS, P.A.  
JOSEPH E. CULMER, P.A.

LAW OFFICES OF  
**STEVENS & CULMER**  
MAILING ADDRESS:  
POST OFFICE BOX 541760  
MERRITT ISLAND, FLORIDA 32954-1760

ONE WEST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND, FL 32952  
TELEPHONE (321) 453-2255  
FAX (321) 453-1110

November 3, 2004

VIA FEDERAL EXPRESS DELIVERY

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Ben Dave Properties, LLC**

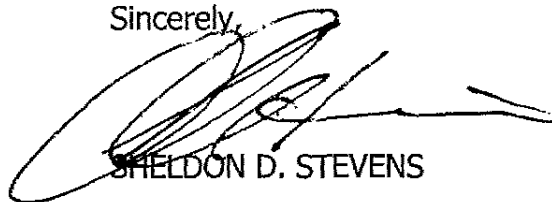
Dear Sir or Madam:

Enclosed please find the Articles of Organization which we are being submitted for filing. I am also enclosing a check in the sum of \$130.00 which represents your fee for filing the Articles and for a Certificate of Status.

Please return all correspondence in regard to this matter to my office.

Should you require any additional information, please do not hesitate to contact the undersigned at the address and phone number shown above.

Sincerely,



SHELDON D. STEVENS

SDS/smf

Enclosures: as stated

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## **ARTICLES OF ORGANIZATION**

### **ARTICLE I**

The name of the limited liability company is:

**BEN DAVE PROPERTIES, LLC**

### **ARTICLE II**

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

**Principal Office Address:**

1540 S. Banana River Drive  
Merritt Island, FL 32952

**Mailing Address:**

1540 S. Banana River Drive  
Merritt Island, FL 32952

### **ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**David A. Eddins**  
**1540 S. Banana River Drive**  
**Merritt Island, FL 32952**

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, 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

### **ARTICLE IV**

**Managing Member(s)**

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

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**Title:**

**"MGRM" = Managing Member**

MGRM

MGRM

**Name and Address:**

David A. Eddins Trust of June 12, 2003  
1540 S. Banana River Drive  
Merritt Island, FL 32952

Benjamin DeHaven  
1888 15<sup>th</sup> Street, NW  
Winter Haven, FL 33881

**REQUIRED SIGNATURE:**

DAVID A. EDDINS Trust of June 12, 2003

BY: 

DAVID A. EDDINS, Trustee

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

DAVID A. EDDINS, TRUSTEE

Typed or printed name of Signee

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