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(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(Ви	isiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ben LLC	
(Name of Limited Lia	bility Company)
The enclosed Articles of Organization and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to f	he following:
Mark P. Schnapp	
	of Person)
(Firm	Сошрану)
1900 Sunset Harbour Drive Apartment 210	
(A	kiress)
Miami Beach, Florida 33139	
(City State	and Zip Code)
For further information concerning this matter, please call:	
Mark P. Schnapp	305 , 604-8713
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	\$155.00 Filing Fee & \$\mathbb{\omega}\$\$ \$\mathbb{\omega}\$\$ \$\mathbb{\omega}\$\$ \$\mathbb{\omega}\$\$\$ \$\mathbb{\omega}\$\$\$ \$\mathbb{\omega}\$\$\$ \$\mathbb{\omega}\$\$\$ \$\mathbb{\omega}\$\$\$\$ \$\mathbb{\omega}\$\$\$\$ \$\mathbb{\omega}\$\$\$\$\$ \$\mathbb{\omega}\$
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

ARTICLE I - Name: The name of the Limited Liability Company	is:
Ben LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1900 Sunset Harbour Drive	c/o Mark Schnapp
Apt. 2108	1900 Sunset Harbour Drive Apt, 2108
Miami Beach, Florida 33139	Miami Beach, Florida 33139
	ame
1900 Sunset Harbour Drive	e Apt. 2108
Florida street	t address (P.O. Box NOT acceptable)
Miami Beach, Florida 3313	9 <sub>FL</sub>
City. Sta	ite, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mark P. Schnapp  1900 Sunset Harbour Drive Apt. 2108  Miami Beach, Florida 33139
(Use attachment if necessary)	
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 of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Mark P. Schnapp Typed	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)