

L050000025742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

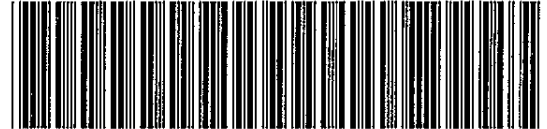
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500047918565

03/15/05--01044--013 **125.00

FILED RECEIVED
05 MAR 15 PM 12:21
05 MAR 15 PM 12:13
TALLAHASSEE, FLORIDA

3/15/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ben Harrell, 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:

Benjamin F. Harrell
(Name of Person)

Ben Harrell, LLC
(Firm/Company)

P.O. Box 63
(Address)

Grand Ridge, FL 32442
(City/State and Zip Code)

For further information concerning this matter, please call:

Ben Harrell at (850) 592-5000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SECRETARY OF
TALLAHASSEE, FLORIDA

05 MAR 15 PM 12:21

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ben Harrell, LLC

ARTICLE II - Address:

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

Principal Office Address:

2379 Mayo Rd
Grand Ridge, FL 32442

Mailing Address:

P.O. Box 63
Grand Ridge, FL 32442

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

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

Benjamin F. Harrell
Name

2379 Mayo Rd
Florida street address (P.O. Box **NOT** acceptable)
Grand Ridge FL 32442
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..

Benjamin F. Harrell
Registered Agent's Signature

(CONTINUED)

FILED
05 MAR 15 PM 12:21
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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:

MGR

Benjamin F. Harrell
P.O. Box 43
Grand Ridge, FL 32442

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Benjamin F. Harrell

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.)

Benjamin F. Harrell

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)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 15 PM 12:21

FILED