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(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special Instructions to Filing Officer:		
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Office Use Only



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T. Brumbley APR 1 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Co			•
SUBJECT:	Benmar Prop	verties, LLC	
Sebblet.	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	uhmitted for filing	
		_	
Please return all corresp	ondence concerning this matte	er to the following:	
	Benjamin +	A · Blumberg Name of Person)	
	(1	Name of Person)	
	n 10	1-	
	Benmar Pro	perties, LLC Firm/Company)	
	(Firm/Company)	
	7		
	75 PALME	ETTO AVENUE	
		(Address)	
	_		
	FREEPORT	FL. 32439 /State and Zip Code)	5; G
	(Čity,	/State and Zip Code)	-1887 - 1887 - 1887 - 1887
			<u> </u>
For further information	concerning this matter, please	call:	
Benjamin	Blumbera	850 835	-1887
(Name	of Person)	(Area Code & Daytime To	elephone Number)
			Dr. 1
Enclosed is a check fe	or the following amount:		
☐ \$125.00 Filing Fee		■ \$155.00 Filing Fee &	
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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	EET ADDRESS: tration Section	MAILING A Registration S	
Divis	ion of Corporations	Division of C	orporations
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 632 Tallahassee, F	
× 1111111			· · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company is:
Benmar	Properties, LLC.
ARTICLE II - Addre	ss: and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
75 Palmetto Avenue	75 Palmetto Avenue
Freeport, FL. 32439	Freeport, FL. 32439

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

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

Benjamin A. Blumberg

Name

75 Palmetto Avenue
Florida street address (P.O. Box NOT acceptable)

Freeport FL 32439
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):

1 1

• 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	Benjamin A.Blumberg 75 Palmetto Avenue Freeport, F.L. 32439
	j.
(Use attachment if necessary)	A 5
•	e added if an effective date is requested.
(In accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
<u>Benjanin</u> Typo	A Blumbers d 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)