## 05000057097

(Requestor's Name)				
(Address)				
(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:				

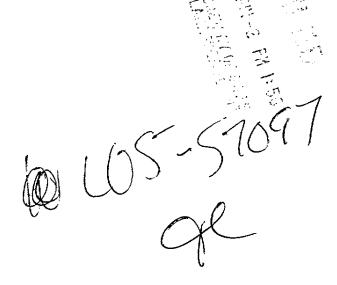
Office Use Only



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03/28/05--01037--001 \*\*70.00

06/02/05--01014--007 \*\*55.00



## TRANSMITTAL LETTER

		IKANSMIII	INDLETTER		
,		ration Section on of Corporations	-	-	
\$	SUBJECT:	BENNE T (Name of Limited	T   Music,	LLC	
	The enclosed A	rticles of Organization and fee(s) are su	bmitted for filing.		
]	Please return all correspondence concerning this matter to the following:				
	_	YVONNE	BENNETT/	<u>,                                      </u>	
		BENNETTI	MUSIC, L	<u>c</u>	
		1747 G	ATEWO OD (Address)	DRIVE	
		DELTONA (City)	FL 317	<u> 138</u>	
For further information concerning this matter, please call:					
	YVONNE	BENNETTI (Name of Person)	at (407) 92.	5 - 5967 Jephone Number)	
		(114110 01 1 010011)	( Cops as 2 ay		
	Enclosed is a check for the following amount:				
\$70.0°	18125.00 Fili Hread y	ng Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prporations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
BEMVETTI	Masic, LLC
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1747 GATEWOOD DR. DELTONA, FL 32738	SAME
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:
YVONNE	Bewetti Name
	Street address (P.O. Box NOT acceptable)
DEL TOWA	FL 32 73 8  y, State, and Zip
	and to accept service of process for the above stated limited

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)

Page 1 of 2

## 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	Name and Address:
"MGRM" = Managing Member  MGP	View Down =
119E	VONNE BENNETTI 1747 GATEWOOD DR DELTOMA, FL 32738
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	Something of a member.
(In accordance with section of this document constitute that the facts stated here.)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)

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)

Typed or printed name of signee