# 106000026857

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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 11661 Holdings 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:		
David M. Benente (2)		
(Name of Person)		
(Firm/Company)		
7491 West Gakland Park Blud Suite 304		
Lauderhill, FL 33319		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Pavid M. Beneffeld at (954) 677-0155  (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (additional copy is enclosed)		

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7491 West Oaklon@Park Blud Suite 304 Lauderhill, FC 33319	7491 West Cakland Park Blud Suite 304 Lauderhfl, FL 33319
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
David H. Bener	OBOK Blind Suite 304
7491 West Oakhan Florida street add	Control of the contro
City, State, di	ress (P.O. Box NOT acceptable)  FL 333 9  and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited iis certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agentas provided for in Chapter 608, F.S

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

(In accordance with section 608.408 (v), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)