Florida Department of State

Division of Corporations Public Access System

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FROM : LAZARUS

FAX NO. :3052201440

Oct. 27 2006 01:40PM P2

05/24/2005 01:07

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GINA SARDUY

PAGE 02

ARTICLES OF OR	GANIZATION FOR I	FLORIDA LIMITED	LIABILI ('' CO	MPANY
ADTICULT Non-			•	1
ARTICLE 1 - Name The name of the Lim	n ited Liability Company i	io-		
	Company (1
Benel	MANAGEME	NT GROUP L	10	
(Must end with the words "	imited Liability Company, "Lin	nited Company" or their abbrevia	tion "LLC." or "L.C")	
:	,	; ;		•
ARTICLE II - Addi		t took on out to		
ine matting address	and street address of the	principal office of the Lie	mited Liability Co	mpany is:
Principal Office Add	dress:	Mailing Address:		•
101 70 411	n Tekon en	· · · · · · · · · · · · · · · · · · ·		
10630 SW	77101LE	10630 SW		
Miami TL	33174	Mlami F	lorida 331"	14
		<u> </u>	₹	• !
		ed Office, & Registered		
(The Limited Liability Comp business antity with an acti		istered Agent. You must designe		er —
·			OCT HAS	-
The name and the Flo	rida street address of the	registered agent are:	SRY	
	Aracely	Gonzalez	_ E9 /	Π
_	Nam	10	F S:	
	10630 5W	Terrace	II: (STAT LORII	
		ddress (P.O. Box NOT accept		
•	Miami	FL 33174		1
*	City, State		- ;	:

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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FROM : LAZARUS

FAX NO. :3052201440

Oct. 27 2006 01:41PM P3

05/24/2005 01:07

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GINA SARDUY

PAGE 03

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morm		Pilar CRUZ 10690 SW 7T	errace a 33174
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	ing the state of t	Mami, Florida	33174
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