

LD6000112400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

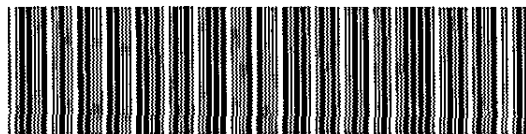
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200081364812

11/21/06--01025--017 \*\*130.00

RECEIVED  
06 NOV 21 PM 12:33

STATE OF FLORIDA  
TALLAHASSEE

FILED  
06 NOV 21 PM 12:38  
STATE OF FLORIDA  
TALLAHASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Canopy Road Cafe 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:

Ron Benfield  
(Name of Person)

(Firm/Company)

58 Sioux Circle  
(Address)

Havana Fl 32333  
(City/State and Zip Code)

06 NOV 21 PM 12:38  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Ron Benfield at 850, 539-5171  
(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)

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

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton 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:

Canopy Road Cafe LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

1913 N Monroe  
Tallahassee, FL 32303

#### Mailing Address:

295 N Magnolia Dr  
Tallahassee, FL 32305

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ron Bentfield  
Name

58 Sioux Circle

Florida street address (P.O. Box **NOT** acceptable)

Havana FL 32333

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..

Ra Bentfield  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

06 NOV 21 PM 12:38  
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:**

MGRM

David Raney  
295 N Magnolia Dr  
Tallahassee, FL 32301

MGRM

Brad Buckenheimer  
295 N Magnolia Dr  
Tallahassee, FL 32301

MGRM

Ron Benfield  
58 Young Circle  
Hawana, FL 32333

(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:**

Ron Benfield  
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.)

Ron Benfield  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 NOV 21 PM 12:38

FILED

**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)