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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Benequicial Real Estate Solutions, 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:		
James Sikes (Name of Person)		
· · · · · · · · · · · · · · · · · · ·		
The Entelechy Foundation, Inc. (Firm/Company)		
22118 5E 7/5+ Ave		
Hawthorne FL 32640 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tames Sikes at (352) 481-4903 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 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 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:

Beneficial Rea (Must end with the words "Limited Liab	1 Estate Solutions, LLC
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22118 SE 71 St Ave Hawthorne, FL 32640	22/18 SE 7/2 Ave Hawthorne, FL 32640
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
<u>James</u> S	ikes
Nam	e
22118 58 71	* Ave
Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)
Hawthorn e City, State	FL 32640
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alverformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
James.	Siker TES 29
Registered Agent's Sign	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NUED)
(CONTI	NUED)

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: "MGR" = Manager "MGRM" = Managing Member MGR The Entelechy Foundation, The 22118 SE 7154 Rive Hawthorne, FL 32640 MGRM Tames Sikes 22118 SE 7154 Ave Hawthorne, FL 32640 When the second of the

REQUIRED SIGNATURE:

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.)

Tames Sikes
Typed 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)

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SECRETARY OF STATE