

L080000003416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

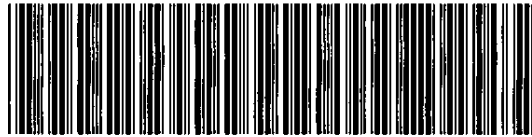
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700114074527

01/09/08--01032--004 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN -9 PM 1:39

J. BRYAN
JAN 10 2008
EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benefits Automation Systems, 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:

André C. McAden
(Name of Person)

Blake & Associates Small Business Services, LLC
(Firm/Company)

5433 N. University Dr. Ste. 124
(Address)

Lauderhill, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

André C. McAden at (954) 495-8302
(Name of Person) Area Code & Daytime Phone

STREET ADDRESS
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN -9 PM 1:39

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN -9 PM 1:39

ARTICLE I - Name:

The name of the Limited Liability Company is:

Benefits Automation Systems, LLC

ARTICLE II - Address:

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

Principal Office Address:

3020 SW 14th Place
Ste. 3
Boynton Beach, FL 33426

Mailing Address:

3020 SW 14th Place
Ste. 3
Boynton Beach, FL 33426

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

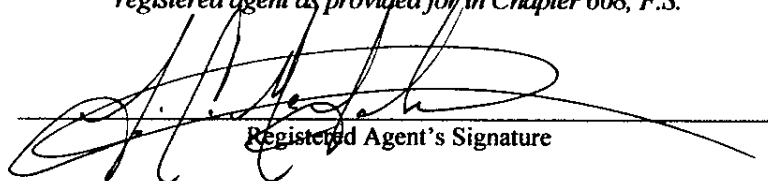
The name and the Florida street address of the registered agent are:

André C. McAden
Name

5433 N. University Dr. Ste. 124
Florida street address (P.O. Box **NOT** acceptable)

Lauderhill FLORIDA 33351
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.


Registered Agent's Signature

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

George Soria

3020 SW 14th Place

Ste. 3

Boynton Beach, FL 33426

MGRM

Peter Apasewicz

165 W. Rockford Dr.

#J1

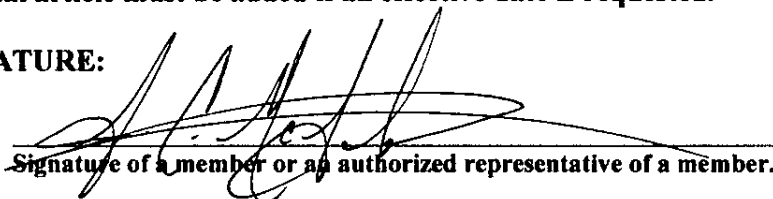
Branson, MO 65616

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN - 9 PM 1:39

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

André C. McAden

Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$25.00 Designation of Registered Agent
- ✓ \$30.00 Certified Copy (Optional)
- ✓ \$5.00 Certificate of Status (Optional)