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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bene-FIT KIAS' Club 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:				
TANYA JOPSON (Name of Person)				
Bene-FIT Kids' Club LLC (Firm/Company)				
3708 LEI DR (Address)				
SARASOTA FI 34232 (City/State and Zip Code)				
For further information concerning this matter, please call:				
TANYA JOPSON at (941) 378 4341 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Bene-FIT Kids	Club LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

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

Mailing Address:

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:				
TANYA JOPSON				
Name				
3708 LEI DR				
Florida street address (P.O. Box NOT acceptable)				
SARASOTA FL 34232				
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 (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

	The name and address of each Manager or Managing Member is as follows:		
•	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGR	TANYA JOPSON 3708 LEI DR SARASOTA FL 34232	
	- All Control and Advantage Control and Adva		
	(Use attachment if necessary)		
(If an e		the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior	
	REQUIRED SIGNATURE:		
	Signature of a me	mua open or an authorized representative of a member.	
	of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)	
	TA	NYA JOPSON 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)

ARTICLE IV- Manager(s) or Managing Member(s):

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