

L080000069694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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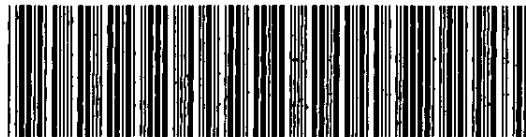
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 21 2008

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ROUTINE SERVICE FILING REQUEST

Tuesday, July 15, 2008

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *American Benefit Capital LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services
Attn: Fulfillment Dept.
26520 Agoura Road
Calabasas, California 91302

**Articles of Organization
For
American Benefit Capital LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is American Benefit Capital LLC.

ARTICLE II - Address:

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

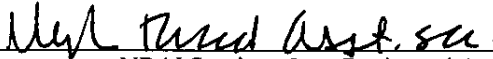
1217 Cape Coral Pkwy E #167
Cape Coral, Florida 33904

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

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, Florida 33331

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.

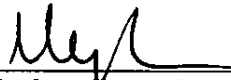


NRAI Services, Inc., Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Mark Oden
1217 Cape Coral Pkwy E #167
Cape Coral, Florida 33904



Meghan Record, Organizer

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