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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

FEB 1 1 2009

EXAMINER

COVER LETTER

	egistration Section evision of Corporations
SUBJECT	
	(Name of Limited Liability Company)
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	LINDA CAROL TBENCH
	(Name of Person)
	TRENCH Bertals
	(Firm/Company)
	1/131 Swamans have
•	(Address)
<u>. </u>	(TANAMA City, F/. 32404
	(City/State and Zip Code)
For further	information concerning this matter, please call:
_	
	NDA TBENCh # 850, 871-2953
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed i	is a check for the following amount:
\$125.00 F	Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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:		
L+P Bentals LCC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Cor	npany	' is:
Principal Office Address: Mailing Address:	,	
11/31 SeamANS LONE 1/13/ SCAMANS PANAMA City, Fl. 32404 PANAMA City, Fl.	34	we 7409
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:		
LINDA CAROL TRENCH		
11/31 SeamANS LANE		
Florida street address (P.O. Box NOT acceptable) PANAMA CNYFL 30404 City, State/sind Zip		
Having been named as registered agent and to accept service of process for the above state	d limi	ted
liability company at the place designated in this certificate, I hereby accept the appointm registered agent and agree to act in this capacity. I further agree to comply with the provisi		
statutes relating to the proper and complete performance of my duties, and I am familiar w	rith an	ıd.
accept the obligations of my position as registered agent as provided for in Chapter 608,	F.S	
		-
	9	NSE SE
Registered Agent's Signature (REQUIRED)	FEB I	CRETA
	Ō	38. FE

(CONTINUED) 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: Name and Address: "MGR" = Manager

"MGRM" = Managing Member $\mathcal{M} \mathcal{L} \mathcal{R} \mathcal{M}$	PAHRICK TRENCH
1/10/01/	11/31 SLAMANS LANE
	PANAMA City, Fl. 334
	<u> </u>
(Use attachment if necessary)	

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.)

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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