

L10000020301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

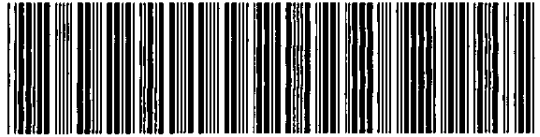
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/10--01009--011 **130.00

Effective Date 02/17/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 22 AM 10:24

T. HAMPTON

FEB 23 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Benefit Consultants of America, 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:

Sharon E. Miller

Name of Person

Benefit Consultants of America, LLC

Firm/Company

14200 Royal Harbour Court, Unit 704

Address

Fort Myers, FL 33904

City/State and Zip Code

BCALife@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon E. Miller

Name of Person

at (239) 851-6961

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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

Benefit Consultants of America
14200 Royal Harbour Court, #704
Fort Myers, Florida 33908
Phone (239)851-6961

February 17, 2010

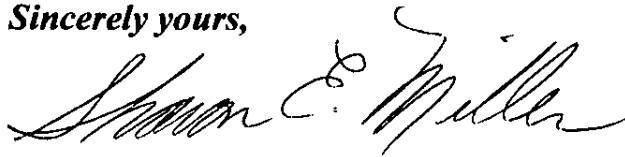
Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please find enclosed application for an LLC and a check made payable to the Florida Department of State for \$130.00

If you have any questions, or need any additional information, please call me at the above number.

Sincerely yours,



Sharon E. Miller, Mgr.

Encl.

Effective Date

02/17/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Benefit Consultants of America, LLC

(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 Company is:

Principal Office Address:

Mailing Address:

14200 Royal Harbour Court, Unit 704
Fort Myers, FL 33908

SAME

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:

Sharon E. Miller

Name

14200 Royal Harbour Court, Unit 704

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, 33908

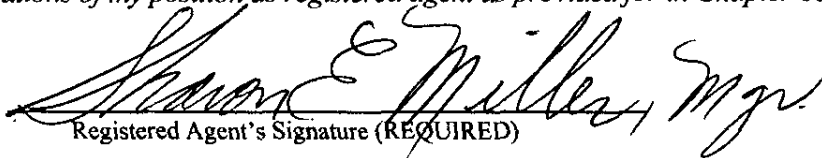
FL

City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)

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

Michelle Renee Estler

18209 Heather Road

Fort Myers, FL 33967

MGRM

Troy Ernest French

531 SE 34th Terrace

Cape Coral, FL 33904

MGR

Sharon E. Miller

14200 Royal Harbour Court, Unit 704


Fort Myers, FL 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 17, 2010 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Sharon E. Miller, MGR

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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