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SCORLIARY OF STATE
TALLARIASSEE FLORIDA

## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Renjamin	& Darlys LLC		
SUBJECT:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	J	lody Schwahn		
		Name of Person		
	Global	Consulting Services		
		Firm/Company		
**************************************	2401 We	est Bay Drive, Suite 124		
		Address		
Largo, Florida 33770				
	Cit	ty/State and Zip Code		
<del></del>		edben@hotmail.com for future annual report notification)		
For further information	concerning this matter, pleas	•		
		• •		
Jody Schwahn		_at (		
Name	of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check f	or 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 ( Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Benjamin & Darlys LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "L  ARTICLE II - Address: The mailing address and street address of the principal office of the Li  Principal Office Address:  Mailing Address:  2200 Gulf Boulevard #203	LC.")
(Must end with the words "Limited Liability Company, "L.L.C.," or "L  ARTICLE II - Address: The mailing address and street address of the principal office of the Li  Principal Office Address:  Mailing Address:	LC.")
(Must end with the words "Limited Liability Company, "L.L.C.," or "L  ARTICLE II - Address: The mailing address and street address of the principal office of the Li  Principal Office Address:  Mailing Address:	LC.")
The mailing address and street address of the principal office of the Li  Principal Office Address:  Mailing Address:	
The mailing address and street address of the principal office of the Li  Principal Office Address:  Mailing Address:	
	imited Liability Company is:
2200 Gulf Boulevard #203 2200 Gulf Boulevard #203	
ZEUO GUII GAMIOTAIG MEUO	
Indian Rocks Beach, Florida 33785 Indian Rocks Beach, Florida	33785
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must designs business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Benjamin Whited  Name  2200 Gulf Boulevard #203  Florida street address (P.O. Box NOT accept indian Rocks Beach  FL 33785  City, State, and Zip  Having been named as registered agent and to accept service of process	FILED FILED FILED FILED SECURITION STATE Datable)  Talland OF STATE  Stable)  Talland OF STATE  Stable of the above stated limited
liability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to constatutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided	nply with the provisions of all , and I am familiar with and
Registered Agent's Signature (REQUIRED)	_

(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" = Mana "MGRM" = Ma	ger naging Member	
MGR		Benjamin Whited
<del></del>	<del></del>	2200 Gulf Boulevard #203
		Indian Rocks Beach, FL 33785
<del> </del>		
<del></del>		
······································		
(Use attachment	if necessary)	
ARTICLE V: Effective	date, if other than the	date of filing: (OPTIONAL)
(If an effective date is li to or 90 days after the d		e specific and cannot be more than five business days prior
·	3,	
REQUIRED SI	GNATURE:	Λ
		/6 Z
	Signature of a member	r or an authorized representative of a member.
	(In accordance with sec of this document consti that the facts stated her	tion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
		Benjamin Whited O- N
	Туј	ped or printed name of signee
Villag Wass		٠٠٠٠ الاحتراث

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)