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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| , , ,                                   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Littly Name)                  |
| (Danish Marikan)                        |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T. HAMPTON
MAY 18 2010
EXAMINER

# **COVER LETTER**

Registration Section
Division of Corporations

TO:

| . •                                   |   |  |
|---------------------------------------|---|--|
| SUBJECT: Benglea                      | aux Group, LLC  |  |
|                                       | Name of Limit   | ed Liability Company   |
|                                       |   | t  |
| The enclosed Articles o               | f Organization and fee(s) are   | submitted for filing.  |
| Please return all corresp             | ondence concerning this mat   | ter to the following:  |
| Jeffrey P. Ble                        | aka   |  |
| <u>Jenrey 1. Die</u>                  | SNO   | Name of Person   |
| <b>5</b> '                            |   |  |
| Bengleaux G                           | iroup, LLC  | Firm/Company   |
|                                       |   | Time Company   |
| 3702 SW 92                            | nd Drive  |  |
|                                       |   | Address  |
| Gainesville, I                        | FL  |  |
| · · · · · · · · · · · · · · · · · · · | Cit   | y/State and Zip Code   |
| Bleke@aol.c                           |   | for future annual report notification)   |
|                                       |   |  |
| For further information               | concerning this matter, please  | e call:  |
| Jeffrey P. Bleke                      |   | at (352 )331-4406  |
| <del></del>                           | of Person   | Area Code & Daytime Telephone Number   |
| Enclosed is a check for               | or the following amount:  |  |
| □\$125.00 Filing Fee                  | 2\$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                       |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Bengleaux Group, LLC                       |  |
|--|--|
| (Must end with the words "                 | Limited Liability Company, "L.L.C.," or "LLC.")                  |
| ARTICLE II - Address:                      |  |
|  | ess of the principal office of the Limited Liability Company is: |
| Principal Office Address:                  | Mailing Address:   |
|  |  |
| Bengleaux Group, LLC                       | B-Group, LLC   |
| Bengleaux Group, LLC<br>3702 SW 92nd Drive | B-Group, LLC<br>3702 SW 92nd Drive                               |

e Florida street address of the registered agent are:

| Jeffrey P. Ble | eke   |
|----------------|---|
|                | Name  |
| 3702 SW 92     | nd Drive  |
|                | Florida street address (P.O. Box <u>NOT</u> acceptable) |
| Gainesville    | FL 32608  |
|                | 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.

Agenl's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

DIVISION OF CENTRAL TO

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

The name and address of each Manager or Managing Member is as follows:

| e<br>08                       |
|-------------------------------|
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| (OPPROVIATIO                  |
| (OPTIONAL)                    |
| ore than five business days p |
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|                               |

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.)

Jeffrey P. Bleke

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)