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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

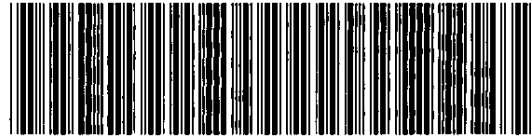
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JUN - 1 AM 10:47  
DIVISION OF CORPORATIONS

B. KOHR

JUN - 3 2010

EXAMINER

Benny Coleman  
12678 Cumberland Dr  
Largo FL. 33773

May 26, 2010

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

RE: Application for Florida Limited Liability Company

To Whom It May Concern:

Please complete the necessary documents to ensure that "Ben J. Coleman Consulting LLC" is filed with the state. If there are any issues or questions my contact information is listed below.

Thank you,



Benny J Coleman  
12678 Cumberland Dr  
Largo FL. 33773  
Phone 727-510-2451

10 JUN - 1 AM 10 47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ben J. Coleman Consulting, 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:

Benny J Coleman II

Name of Person

Ben J. Coleman Consulting, LLC

Firm/Company

12678 Cumberland Dr

Address

Largo, FL 33773

City/State and Zip Code

ben@benjcoleman.com

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

For further information concerning this matter, please call:

Benny J. Coelman II

Name of Person

at ( 727 ) 510-2451

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN - 1 AM 10:07

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ben J. Coleman Consulting, 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:

12678 Cumberland Dr  
Largo FL 33773

#### Mailing Address:

12678 Cumberland Dr  
Largo FL 33773

### 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:

Benny J. Coleman II

Name

12678 Cumberland Dr

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

Largo

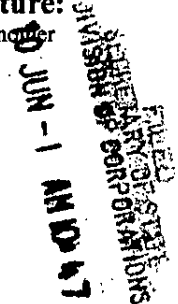
FL 33773

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)



**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:**

Benny J Coleman II

Benny J Coleman II

12678 Cumberland Dr

Largo FL 33773

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Benny J Coleman II

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)**