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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

EFFECTIVE DATE 7/19/10



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07/26/10--01011--024 **130.08



D. BRUCE

JUL 27 2010

EXAMINER

COVER LETTER

• TO:

| TO: | Registration S Division of Co | | | | | |
|--------|-------------------------------|---|---|---|----------|---------|
| SUBJ | ECT: Consue | lo Benassi LLC Name of Limit | ed Liability Company | | _ | |
| | | | , | | | |
| The en | closed Articles o | f Organization and fee(s) are | submitted for filing. | | | |
| Please | return all corresp | oondence concerning this mat | ter to the following: | | | |
| | Consuelo Be | enassi | | | | |
| | | | Name of Person | | | _ |
| | Consuelo Be | enassi LLC | | | | |
| | | | Firm/Company | | | |
| | 340 N. Brom | eliad | | | | |
| | | | Address | " > 54 | | |
| | West Palm E | Beach, FL 33401 | | | <u>5</u> | ., — |
| | consuelo_be | Cit nassi@yahoo.com | y/State and Zip Code | HASS | UL 26 | [] |
| | <u> </u> | E-mail address: (to be used | for future annual report notification) | | ≩ | |
| For fu | rther information | concerning this matter, pleas | e call: | | S 5 | |
| Cons | uelo Benassi | | at (202)489-6773 | | ***** | |
| - | Name | of Person | Area Code & Daytime Telep | hone Number | - | |
| Enclo | sed is a check for | or the following amount: | | | | |
| □\$125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of St Certified Copy (additional copy is | tatus é | |
| | | 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 Claracteristics Tallahassee, FL 32301 | ircle | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | DT | CI | 10 | T | Na | me |
|---|----|----|------|---|------|-----|
| А | ĸı | | . H. | | IN S | me: |

The name of the Limited Liability Company is:

| Consi | مامر | Benas | ci | 1 1 | |
|-------|------|--------|-----|-----|-------|
| COHSU | 1511 | Dellas | - N | 1_1 | _ \ . |

(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: |
|---------------------------|---------------------------|
| 340 N. Bromeliad | 340 N. Bromeliad |
| West Palm Beach, FL 33401 | West Palm Beach, FL 33401 |
| | |

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:

Consuelo Benassi
Name

340 N. Bromeliad

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

West Palm Beach FL 33401

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)
Page 1 of 2

FFFECTIVE DATE 7/19/10

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" = M "MGRM" = | lanager Managing Member | | |
| MGRM | | Consuelo Benassi | |
| | | 340 N. Bromeliad West Palm Beach, FL 33401 | |
| | | west Faim Beach, FL 33401 | |
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| | | | |
| ARTICLE V: Effec | ment if necessary) | date of filing: July 19, 2010 | (OPTIONAL) |
| (If an effective date to or 90 days after t | | e specific and cannot be more than t | five business days prior |
| REQUIRE | <u>D</u> SIGNATURE: | | |
| | | | 5 |
| | Signature of a membe | r or an authorized representative of a me | ember. |
| | (In accordance with sec of this document consti that the facts stated her | etion 608.408(3), Florida Statutes, the execututes an affirmation under the penalties of prein are true.) | ntion Serjury |
| | Consuelo Benass | Si | |

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)

Typed or printed name of signee