

L11000013762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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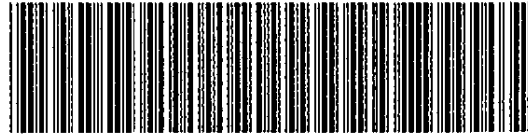
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. LEWIS

FEB -2 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BENNETT'S MOBILE REPAIRS & SERVICES, 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:

MARION U. WEHNER, EA

Name of Person

WEHNER FINANCIAL SERVICES LLC

Firm/Company

515 COLLEGE DR

Address

MIDDLEBURG, FL 32068

City/State and Zip Code

MARION@WEHNERFINANCIAL.COM

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

For further information concerning this matter, please call:

MARION U WEHNER

Name of Person

at ( 904 ) 276-7686

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I – Name**

The name of the Limited Liability Company is

**BENNETT'S MOBILE REPAIRS & SERVICES, LLC**

(must end with the words "Limited Liability Company", LLC or L.L.C.)

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**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

21541 NW CR 235

PO BOX 675

LAKE BUTLER, FL 32054

STARKE, FL 32091

**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:

**WEHNER FINANCIAL SERVICES, LLC  
515 COLLEGE DR.  
MIDDLEBURG, FL. 32068**

*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 provision 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.*

  
\_\_\_\_\_  
Marion U. Wehner, EA for Wehner Financial Services, LLC

**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” = Manager

“MGRM” = Managing Member

BENJAMIN D BENNETT, MGRM  
PO BOX 675  
STARKE, FL 32091

**ARTICLE V:** Effective date, if other than the date of filing JANUARY 26, 2011

(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:**

 *Managing 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.

Typed name of signee: BENJAMIN D. BENNETT, MANAGING MEMBER

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