

# L11000067472

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100208433541

06/08/11--01007--012 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN - 8 AM 10:50

FILED

C. LEWIS

JUN 9 2011

EXAMINER

This is to serve as a cover letter in conjunction w/ the included forms.

NAME: Trevor Bennett

ADDRESS: 8832 118<sup>th</sup> Way N.  
Seminole, FL 33772

Phone: 727-798-7358

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TREVOR B. SALES L.L.C.  
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:

TREVOR BENNETT  
Name of Person

TREVOR B. SALES L.L.C.  
Firm/Company

8832 118th Way North  
Address

SEMINOLE FL 33772  
City/State and Zip Code

TREVOR BENNETT 55 @ Gmail . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVOR BENNETT at ( 727 ) 798-7358  
Name of Person 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:

TREVOR B. Sales 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:

8832 118th Way North  
SEMINOLE FL 33778

#### Mailing Address:

Same as Principal

### 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:

TREVOR BENNETT

Name

8832 118th Way North

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

SEMINOLE, FL FL 33772

City, State, and Zip

SECRETARY OF STATE  
TREASURER  
FLORIDA

2011 JUN - 8 AM 10:55

FILED

*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..*

Trevor Bennett

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

MGRM

**Name and Address:**

Trevor Bennett  
8832 118th Way N.  
Seminole, FL 33772

2011 JUN -8 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-6-11. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TREVOR BENNETT

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)