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J. SAULSBERRY EXAMINER SEP 09 2011

COVER LETTER

	TO: Registration Section Division of Corporations	
~	SUBJECT: Benedict Trust, 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:	
	Jane H. Tranfo	
	Name of Person	
	Firm/Company	_
	6920 SE Harbor Circle	
	Address Σ_{ω}	3
	Stuart, FL 34996-1965	= } -
	City/State and Zip Code	
	m_	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
	Jane H. Tranfo at (203) 661-0040	
	Name of Person Area Code & Daytime Telephone Number	
	Enclosed is a check for the following amount:	
√	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Benedict Trust, LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
6920 SE Harbor Circle	6920 SE Harbor Circle
Stuart, FL 34996-1965	Stuart, FL 34996-1965

Jane H. Tranfo Name 6920 SE Harbor Circle Florida street address (P.O. Box NOT acceptable)

FL 34996-1965
City, State, and Zip Stuart

The name and the Florida street address of the registered agent are:

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:

"MGRM" = Managing Member	Name and Address:
MGRM	Jane H. Tranfo 6920 SE Harbor Circle Stuart, FL 34996-1965
	SECRETARY O
	OF STATE E. FLORIDA
(11	
(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing: . (OPTIONA
CLE V: Effective date, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business day.
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	the specific and cannot be more than five business day.

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)