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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



000215144760

Effective Date 12/16/11

12/14/11--01015--007 **130.00

J. BRYAN

DEC 15 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations			
_{SUBJECT:} Cheers to Dea	rs Orlando, LLC	•	
<u> </u>	Name of Limited Liability Co	Company	
The enclosed Articles of Organization	and fee(s) are submitted for	filing.	
Please return all correspondence conce	ming this matter to the follo	owing:	
Scott C. Benjamir			_
	Name of Perso	on	
Cheers to Dears (Orlando, LLC		
	Firm/Compan	пу	_
924 Spring Park Lo	oop		
	Address		-
Celebration, FL 3474	17		
	City/State and Zip	Code	
scottcbenjamin@yaho	O.COM ss: (to be used for future annua	al report notification)	
	·	i report nonneation/	
For further information concerning this	maner, please call:		
Scott C. Benjamin	at (407	256-4868	
Name of Person		Code & Daytime Telephone Number	
Enclosed is a check for the following	g amount:		
\$125.00 Filing Fee \$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\eq}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \sqrt{\$\sqrt{\$\sqrt{	of Status Certified	Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Ado Registration Division of O P.O. Box 63 Tallahassee,	Section Regi Corporations Divi 27 Clift FL 32314 2661	eet/Courier Address istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee. FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
924 Spring Park Loop Celebration, FL 34747	924 Spring Park Loop Celebration, FL 34747
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another Effective Date
Scott C. Benjamin	
Name 924 Spring Park L	.00D
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Celebration	_{FL} 34747

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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			
MGRM	Scott C. Benjamin		
	924 Spring Park Loop		
	Celebration, FL 34747		
	-		
			
			

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 16, 2011 (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.)

Scott C. Benjamin

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)