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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAR 13 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T Beneq, 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:

Lou Watson-Holman  
Name of Person

Firm/Company

11528 Oaklawn Road  
Address

Jacksonville, Florida 32218  
City/State and Zip Code

onamission205@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Watson-Holman at ( 904 ) 534-2187  
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 LTD. LIABILITY COMPANY  
OF  
T BENE, LLC.**

FILED  
12 MAR 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscribers of these Articles of Organization, natural person competent to contract, hereby manifest her intent to form a corporation in compliance pursuant to Chapter 608, Florida Statutes under the laws of the State of Florida.

**ARTICLE I --NAME**

The name of the Limited Liability Company is:

**T BENE, LLC.**

**ARTICLE II --ADDRESS**

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

**Principal Office Address:**

8014 Wakefield Ave.  
Jacksonville, Florida 32208

**Mailing Address:**

8014 Wakefield Ave.  
Jacksonville, Florida 32208

**ARTICLE II --REGISTERED AGENT, REGISTERED AGENT OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

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

Lou Holman  
11528 Oaklawn Road  
Jacksonville, Florida 32218

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.

  
\_\_\_\_\_  
Lou Holman, Registered Agent

**ARTICLE IV -Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member are as follows:

**President**

**TOAWANA BENNETT**  
8014 Wakefield Ave.  
Jacksonville, Florida 32208

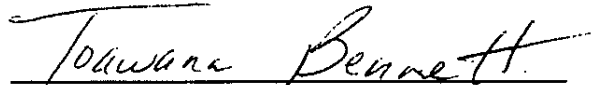
**Vice President**

**SCHAMEKA BENNETT**  
9450 Gilchrist Court  
Jacksonville, Florida 32219

WITNESS my official seal in the County and State named above on this 28<sup>th</sup> day of January 2012, who are personally known to me.

  
**TOAWANA BENNETT, President**

(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.)

  
**Print Name**

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