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(Requestor's Name)								
(Address)		30	00	234	4657	724	43	•
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL			09	5/04/12	?01037-	-ŬŪġ	**13	0.90
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status Special Instructions to Filing Officer:	EF	FECTIVE DATE_	U	×30	2012	/		
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B. KOHR

Office Use Only

MAY - 8 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Benchmark Reside	ntial LLC
	Name of I	Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	Ken Arena, EA	EFFECTIVE DATE 4 30 2012
		Name of Person
	Ken Arena Accounting	& Tax Service
		Firm/Company
	912 Lithia Pinecrest Roa	ad
		Address
	Brandon, FL 33511-612	1
		City/State and Zip Code
	sojohnn@gmail.com	
	·	used for future annual report notification)
For fur	rther information concerning this matter,	please call:
Ken	Arena	at (813) 341-2501
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amou	nt:
\$125.00	O Filing Fee ✓\$130.00 Filing Fee Certificate of State	
	Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

EFFECTIVE DATE 430 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Benchmark Residential 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:	Mailing Address:			
10926 Sailbrooke Drive	10926 Sailbrooke Drive			
Riverview, FL 33579-7092	Riverview, FL 33579-7092			

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

(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:

Name

912 Lithia Pinecrest Road

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

Brandon

FL

City, State, and Zip

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)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Brandon M. Johnson
	10926 Sailbrook Drive
	Riverview, FL 33579-7092
ffective date is listed, the date m	an the date of filing:April 30, 2012 (OPTIONAL) sust be specific and cannot be more than five business days prior
days after the date of filing.)	
DECHIDED CICNATUDE.	
REQUIRED SIGNATURE:	BACC
Signature of a n	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.)
_	
	Brandon M. Johnson

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)