

L16000144614

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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AUG 05 2016

T. SCOTT



300287432813

06/07/16--01015--012 **125.00

16 JUL 14 AM 11:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2016

BENJAMIN ECK
1815 MCARTHUR AVE
LEHIGH ACRES, FL 33972

SUBJECT: BENJAMIN SERVICES, LLC
Ref. Number: W16000042696

We have received your document for BENJAMIN SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must sign.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 516A00012339

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Benjamin Services, 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:

Benjamin Eck

Name of Person

Firm/Company

1815 McArthur Ave.

Address

Lehigh Acres, FL 33972

City/State and Zip Code

benjaminservices75@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Eck

239

691-7963

at ()

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

BE
10/1/01

\$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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Benjamin Services, 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:

1815 McArthur Ave.

SAME

Lehigh Acres, FL 33972

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:

Benjamin Eck

Name

1815 McArthur Ave.

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

Lehigh Acres

FL

33972

City

State

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JUL 14 AM 11:30

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Benjamin Eck

1815 McArthur Ave.

Lehigh Acres, FL 33972

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

→ Ben Eck 06-28-16
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Benjamin Eck
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)