

216000/91411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

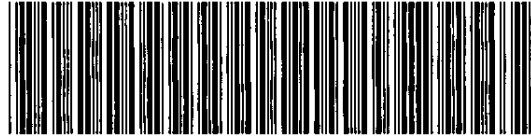
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/29/16--01010--013 **130.00

16 OCT 11 PM 2:01

FILED
SEP 30 2016
STATE
OFFICE
TALLAHASSEE
FLORIDA

M. MOON
OCT 11 2016

Maria Benitez, LLC.
2042 Harcourt Place
Odessa, Florida 33556
813-425-3497

10-11-2016

To Whom It May Concern:

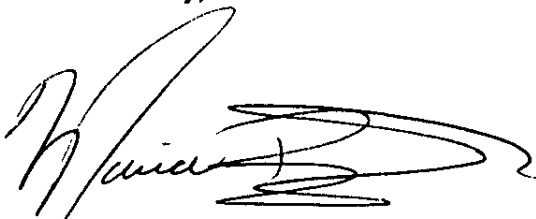
I'm at the owner of Maria Benitez PA which I opened on January 13th, 2006 and closed on July 27, 2016.

I have no intention of reopening this business again.

I Opened a new company and I want to use the name Maria Benitez LLC.

Your cooperation is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria Benitez', with a stylized flourish at the end.

Maria Benitez

16 OCT 11 PM 2:01

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2016

MARIA BENITEZ
2024 HARCOURT PL
ODESSA, FL 33556

SUBJECT: MARIA BENITEZ, LLC
Ref. Number: W16000054837

We have received your document for MARIA BENITEZ, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P06000010144.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 316A00016672

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maria Benitez, 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:

Maria Benitez

Name of Person

Maria Benitez, LLC.

Firm/Company

2042 Harcourt Pl.

Address

Odessa, Florida 33556

City/State and Zip Code

MANHATTANMORTGAGE17@Verizon.net

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

For further information concerning this matter, please call:

Maria Benitez at (813) 813-842-9786
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

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

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RECEIVED
STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maria Benitez, 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:

2042 Harcourt PL
Odessa, FL 33556

Mailing Address:

2042 Harcourt PL
Odessa, FL 33556

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:

Maria Benitez

Name

2042 Harcourt Place

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

Odessa, Florida 33556

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Maria Benitez
2042 HARBOUR PLACE
ORLSEA, FL 33556

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-01-2016 (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.

N/A

REQUIRED SIGNATURE:



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.

Maria Benitez

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)

16 OCT 11 PM 2:01

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA