L17000233576

(Req	uestor's Name)	
(Adda	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer;	
	Office Use On	lv



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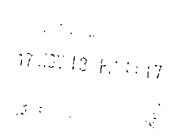
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N. SAMS NOV 1 4 2017



Division of Corporations



*November 1, 2017

RALPH BENJAMIN 4323 N.W. 76 AVE. CORAL SPRINGS, FL 33065

SUBJECT: THE LAND OF PLENTY L.L.C

Ref. Number: W17000087312

We have received your document for THE LAND OF PLENTY L.L.C 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 617A00022063

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Land of Plenty 1.L.C" Name of Limited Liability Company
ranie or ranned rationly coupling
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ralph Benjamin. Name of Person
- Company The Land of Pienty," LLC
432.3 J.W. 76 AVE. Address
Address
Coral Springs Fl. 33065 City/State and Zip Code raff 155556 a mail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ralph Benjamin at (954) 729-5810 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
The Land of (Must contain the words "Limited Liability)	Plenty L.L.C
(Must contain the words "Limited Liabili	ity Company, 7L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4323 N.W. 76 AVe.	Coral Springe Fl.
Coral Springs F 1: 3:00	33065
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered ager	Benjamin ——
4323 N.W	16AVE,
	O. Box NOT acceptable)
Coral Springs	F(33065 State Zip
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes relations am familiar with and accept the obligations of my position as reconstructed in the control of the control o	ne to the proper and complete performance of my duties, and
(C	CONTINUED)

17 NOV 13 PM 3:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Ralph Benjamin MGR"	1202 111 7/ 11/2	
KAIPH DETIJETIM MIGK	4323 11.W 76 AVE. COTAL SPRINGE F1. 33065	
Live u. Q. a. J. J. "and D"		
Lyubov Benjamin "AMBR"	4323 N.W 76 AVE.	
	<i>d</i>	
		
(Use attachment if necessary)		
EV: Effective date, if other than the date of fili ective date is listed, the date must be specific of filing.)	ing: (OPTIO and cannot be more than five business days pri the applicable statutory filing requirements, this d te's records.	
EV: Effective date, if other than the date of filing decrive date is listed, the date must be specific of filing.) The date inserted in this block does not meet the ment's effective date on the Department of State VI: Other provisions, if any.	he applicable statutory filing requirements, this d	
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