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SECRETARY OF STATE

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COVER LETTER

TO:	New Filing Section Division of Corporations		·
oup i	Bennett's Services LLC		
SUBJ	ECT: Name o	f Limited Liability Company	
The er	nclosed Articles of Organization and feet	(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the following:	
	DONALD R BENNETT		
		Name of Person	
	Bennett's Services LLC		
		Firm/Company	
	5000 CEDAR CROFT DRIVE		
		Address	
	BETHESDA, MD 20814		
	denald happott2@ma.com	City/State and Zip Code	
	donald.bennett3@me.com E-mail address: (to be	used for future annual report no	otification)
For furt	her information concerning this matter.		
	DONALD R BENNETT	301 7181883	
	Name of Person	(<u> </u>	elephone Number
Enclo	sed is a check for the following amount:		
	00 Filing Fee \$130.00 Filing Fee Certificate of State	& \$155.00 Filing Fee &	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Se Division of Co Clifton Buildi 2661 Executiv	ction orporations

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bennet	tt's Services LLC	
	(Must contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Ad e mailing addres	dress: ss and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
156 D(DYCOURT CIR	5000 CEDAR CROFT DR
130 KU		_

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

DONALD R BENNE	Π	
	Name	
156 ROYCOURT C	IR	
Florida street address (P.O. Box NOT acceptable)		
ROYAL PALM BEA	CH FL	33411
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)

SECRETARY OF STATE

FILED

ARTICLE IV-

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

	<u>Citle:</u>		Name and Address:	
***	AMBR" = Authorized M	ember		
	MGR" = Manager			
<u> 1</u>	MGR		DONALD R BENNETT	
			156 ROYCOURT CIR	
			ROYAL PALM BEACH, FL 33411	
_				
_				_
			•	
_				
(Use attachment if necessa	ıry)		
,		•		
RTICLE	V: Effective date, if other	er than the date of filing:	(OPTIONA	AL)
			l cannot be more than five business days prior	
he date of	f filing.)	-	•	
Note: If t	he date inserted in this bl	ock does not meet the a	pplicable statutory filing requirements, this date	will not be listed a
he docum	ent's effective date on th	e Department of State's	records.	
		•		
RTICLE	EVI: Other provisions, if a	ıny.		
F	REQUIRED SIGNATU	RE:\ <		
		10 00		
	Sign	lature 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.

DONALD R BENNETT

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)