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2018 AUG 24 PH 2: 10

18 AUG 24 PM 2: 00

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Benjamin Trucking 12C 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:
TONY BENJAMIN Name of Person
Benjamin TRUCKing LLC Firm/Company
620 N. W. 20 4 AUC Address
Pompano FL 33069 City/State and Zip Code Tony @ Top FlightRestonation Secon E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tony Benjamin (954) 825.7969 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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 Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Benjamin TRucking LLC
(Must contain 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:		
620 N.W. 2044Je	620 N.W. 20 MANE		
Lompano Bely Pl	Pampano, Dehill		
33069	<u> </u>		

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:

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

Pomaru FL 33069

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 (REQUIREI

(CONTINUED)

18 AUG 24 PH 2: 1

Title: "AMBR" = Authorized Member "MGR" = Manager MAAAE	Name and Address: Tony Benjamia 1920 N.W. 30 th Ave. Pompano, FL 33062
(Use attachment if necessary)	
(If an effective date is listed, the date must be speci the date of filing.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
This document is executed I am aware that any false in	ther of an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
constitutes a third degree for	Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)