4/22/2019



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SRQ PROPERTY LAW
Account Number : I20180000050
Phone : (941)479-8500
Fax Number : (941)479-8501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jane@becreativestudios.com

FLORIDA LIMITED LIABILITY CO.

Benson Property Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Benson Property Group, 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:

c/o SRQ Property Law	c/o SRQ Property Law
1800 2nd Street, Suite 888	1800 2nd Street, Suite 888
Sarasota, Florida 34236	Sarasota, Florida 34236

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:

SRQ Property Law		
	Name	
1800 2nd Street, Suit	e 888	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Sarasota	Florida	34236
City	State	Zīp.

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..

Fichard C. Lawrence

EGASE29C4B3C44Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H19000131551 3

	= Authorized Mer	Name and Address:
	: Manager	
MGR		Jane Bennett
		c/o SRQ Property Law 1800 2nd Street, Suite 888, Sarasota, Florida 34236
		1000 2nd Street, Stine ood, Satawar, Pichida 54230
(Use atta	thment if necessary	
tTICLE V: Eff an effective date date of filing.) ote: If the date	ective date, if other t e is listed, the date nserted in this bloc	the date of filing:
RTICLE V: Eff. an effective date of filing.) ote: If the date e document's ef	ective date, if other t e is listed, the date nserted in this bloc	ust be specific and cannot be more than five business days prior to or 90 days al does not meet the applicable statutory filing requirements, this date will not be liste
RTICLE V: Eff an effective date date of filing.) ote: If the date e document's ef	ective date, if other to e is listed, the date asserted in this block ective date on the l	ust be specific and cannot be more than five business days prior to or 90 days al does not meet the applicable statutory filing requirements, this date will not be liste
RTICLE V: Eff an effective date date of filing.) ote: If the date document's cf	ective date, if other to e is listed, the date asserted in this block ective date on the l	ust be specific and cannot be more than five business days prior to or 90 days al does not meet the applicable statutory filing requirements, this date will not be liste
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RTICLE V: Eff an effective date date of filing.) ote: If the date document's cf	ective date, if other te is listed, the date asserted in this bloc ective date on the left provisions, if any ED SIGNATURE Docusioned by: Jake Bellia 6062A00 Signat This docume I am aware the	ust be specific and cannot be more than five business days prior to or 90 days alloes not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
an effective date of filing.) ote: If the date document's cf	ective date, if other te is listed, the date asserted in this bloc ective date on the left provisions, if any ED SIGNATURE Docusioned by: Jake Bellia 6062A00 Signat This docume I am aware the	toes not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. The of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

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

\$ 5.00 Certificate of Status (Optional)