L200 0005 1734

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(0.1), 0.10.10.1,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Serumed depices Serum dates or status				
Special Instructions to Filing Officer:				
,				

Office Use Only



600339408876

01/27/20--01023--032 **125.00

20 JAN 27 PM 3: 40

COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	cquired PER Name of Lim	CSON AL ASSISTANI ited Liability Company	it BENICES, LLC
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	TECCI A	Name of Person	15
A	guired Per	SON AL A SSISTANT Firm/Company	BETUICES, LLC
	7 NW 98th	TEC. Address	
Pla	INTATION, FL	33324 ty/State and Zip Code	
<u>terr</u>	ια <u>ο</u> ο Υτο ο Α E-mail address: (to be used t	rds & YAhoc for future annual report notificat	ion)
	ncerning this matter, please		
VErri Ann Nam	RidlardS at C	154) 261 – 14° ea Code Daytime Telephon	99 ne Number
Enclosed is a check for the	he following amount:		
S125.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
// Mailin	g Address	Street Address	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Acquired Personal Assist. (Must conatin the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:
157 AW 98th TEr. PLANTATION, FL 33324	157 NW 98th TEr. Plantation, FL 33324
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	· \

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.

Plantation, FL City State

TETT: Ann RicHARdS

157 NW 98 YEV.
Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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.

;

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.

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)