

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L20000395952  
FILED 8:00 AM  
October 13, 2020  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
BENTON INSURANCE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3633 HENDERSON BLVD  
TAMPA, FL. UN 33609

The mailing address of the Limited Liability Company is:  
3633 HENDERSON BLVD  
TAMPA, FL. UN 33609

**Article III**

The name and Florida street address of the registered agent is:  
GWENDOLLEN BENTON  
3633 HENDERSON BLVD  
TAMPA, FL. 33609

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.

Registered Agent Signature: GWENDOLLEN A. BENTON

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: PRES  
GWENDOLLEN BENTON  
3633 HENDERSON BLVD  
TAMPA, FL. 33609 UN

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### **Article V**

The effective date for this Limited Liability Company shall be:

10/13/2020

Signature of member or an authorized representative

Electronic Signature: GWENDOLLEN A. BENTON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

# L20000395952

## GENERAL AFFIDAVIT

STATE OF FLORIDACOUNTY OF HILLSBOROUGH

PERSONALLY came and appeared before me the undersigned Notary, the within named Leudallen Benton who is a resident of Hillsborough County State of Florida and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

(Insert Statement) I the owner of Benton Insurance, Inc  
would like to transfer my business name  
to Benton Insurance, LLC.

DATED this the 20<sup>TH</sup> day of NOVEMBER 2020

Signature of Affiant

SWORN to subscribed before me, this 20<sup>TH</sup> day NOVEMBER 2020Marie A. Kalberer

My Commission Expires \_\_\_\_\_