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(Re	questor's Name)	
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COVERLETTER

	iew Filing Sec Division of Co.						
SUBJECT	Bender Ph	imbing and More	, LL	_			
SUBJECT	i	Na	ime of Lin	nited Liabil	lity Company		1
The enclos	sed Articles of	Organization and	l fee(s) are	e submitted	l for filing.		
Please retu	irn all correspo	ondence concerni	ng this ma	itter to the	following:		
	Christopher	Bender					
				Name of	Person		
				Firm/Co	ompany		
	508 107th /	Ave. N., Unit B					
		•		Addi	ress		
	Naples, FL I	34108					
			C.	ity/State ar	nd Zip Code		1
	CMBender21						
	t	t-mail address: (t	o be used	for future a	annual report notificati	1011)	1
For further i	nformation co	ncerning this mat	ter, please	eall:			
	Domenic Luc	carelli		19	775-8889 _)		
	Nam	e of Person			Daytime Telephon		
Enclosed i	s a check for the	he following amo	unt:				
⊡\$125.00	Filing Fee	□\$130.00 Fili Certificate of \$		Certif	5.00 Filing Fee & led Copy al copy is enclosed)	□\$160.00 F Certificate o Certified Cop (additional cop	f Status & by y is enclosed)
	New F Divisio	g Address iling Section on of Corporation ox 6327	ıs		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree		2021 APR - 7

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Bender Plumbing and More, LLC	
(Must contain the words "Limited Liabilit	y 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:
508 107th Ave. N., Unit B	508 107th Ave. N., Unit B
Naples, FL 34108	Naples, FL 34108
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	ered Agent. You must designate an individual or
Domenie Lucarelli	
Name	

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 desition as registered agent as provided for in Chapter 605. F.S.

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

State

351 Airport Rd. N.

City

Naples

Registered Agont's Signature (REQUIRED)

Zip

(CONTINUED)

2021 APR -7 AM 7: 24

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Christopher Michael Bender
	508_107th Aye. N., Unit B
	Naples, FL 34108
	<u> </u>
ment's effective date on the Departmer	t meet the applicable statutory filing requirements, this date will not but of State's records.
E VI: Other provisions, if any.	
	4
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	nember an authorized representative of a member.
Signature of a-	neabelor an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is exec	cuted in accordance with section 605.0203 (1) (5), Florida Statutes.
Signature of a F This document is exect I am aware that any fal	
Signature of a Finis document is executed am aware that any fal constitutes a third degree.	euted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
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Signature of a strength of the	stated in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. ichael Bender Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

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