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	(Requestor's Name)
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## COVER LETTER

	New Filing Se Division of Co				
SUBJEC	5 BENIS I	LLC			
	<del></del>	Name of	f Limited Liabi	lity Company	++ <u>-</u> -
The enclo	osed Articles of	Organization and fee(	s) are submitte	d for filing.	•
Please ret	um all corresp	ondence concerning thi	s matter to the	following:	
	NELSON C	. BENITEZ			
			Name o	f Person	
	5 BENIS LI	.c			
	<del></del> -		Firm/Co	ompany	
	4341 SW 11	4TH TERRACE APT	8-213		
	<del></del>		Add	ress	
	MIRAMAR	. FL 33025			
	INFO@JCBS	OLUTIONSINC.NET	City/State ar	nd Zip Code	
	1	E-mail address: (to be u	ised for future	annual report notificat	ion)
For further	information co	ncerning this matter, pl	ease call:		
	NELSON G.		305	331-9098	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
		he following amount:			
<b>\$</b> 125.0	0 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section		Street Address New Filing Section D	
	P.O. B	on of Corporations ox 6327 assee, FL 32314		The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ец Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
S BENIS 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:
4341 SW 114TH TERRACE	4341 SW 114TH TERRACE
APT 8-213	APT 8-213
MIRAMAR, FL 33025	MIRAMAR, FL 33025
The name and the Florida street address of the registered agent ar  JC BUSINESS SOLUTIONS  Name	
7500 NW 25TH ST SUITE 2	37
Florida street address (P.O. B	
<u>DORAL</u> , FL 33122	
City Sta	te Zip
Having been named as registered agent and to accept service of proc place designated in this certificate, I hereby accept the appointment of further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registe	as registered agent and agree to act in this capacity. I
Registered Ager	nt's Signature (REQUIRED)
(CONT	TNUED)

## ARTICLE IV-

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

<u>Title:</u>	uthorized Member	Name and Address:	
"MGR" = Ma			
	_		
MGRM		NELSON G. BENITEZ	
		4341 SW 114TH TERRACE APT 8-213 MIRAMAR, FL 33025	
		Internal Lands	
MGRM		MARIA A OLUCADA	
MOIN	<del></del>	MARIA A. QUESADA 4341 SW 114TH TERRACE APT 8-213	<del></del>
		MIRAMAR, FL 33025	
			<del> </del>
	- <del>-</del>		<del></del>
<del></del>			
			<del></del>
(Use attachme	ent if necessary)		
		date of filing: (OPTION	
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