# 000248556

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zip/Fitotile #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
!

Office Use Only



2022 JUN -6 PM 2:57

RECEIVED

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/3/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1043389

ORDER ENTITY\_\_\_\_\_\_
BEN JAMES JACOBS LLC

PLEASE PERFORM THE FOLLOW	ING SERVICES:
BEN JAMES JACOBS LLC (FL	.)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: filings@accumera.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, June 3, 2022 Page 1 of 1

# Articles of Organization Of Ben James Jacobs LLC

FILED 2022 JUN-6 PM 2: 57 SECRETARY OF STATE TALLAHASSEE. FL

(Pursuant to Section 605.0201, Florida Statutes)

- 1. The name of the Limited Liability Company is: Ben James Jacobs LLC
- 2. The street address of the principal office of the Limited Liability Company is:

# 1 Northside Piers, Unit PH15, Brooklyn, NY 11249

3. The mailing address of the Limited Liability Company is:

# 1 Northside Piers, Unit PH15, Brooklyn, NY 11249

4. The name and address of the registered agent is as follows:

### Incorporating Services, Ltd., 1540 Glenway Drive, Tallahassee, FL 32301

- 5. The period of duration for the Limited Liability Company shall be perpetual.
- 6. The name and address of the person(s) authorized to manage the LLC:

Title:

**MBR** 

<u>Name</u>:

Benjamin Jacobs

Address:

1 Northside Piers, Unit PH15, Brooklyn, NY 11249

In Witness Whereof, 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.

Dated: June 3, 2022

Megan Burke Accumera LLC

Authorized Representative

# Acceptance of Appointment as Registered Agent

of

#### Ben James Jacobs LLC

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S

Dated: June 3, 2022

Incorporating Services, Ltd., Registered Agent

SECRETARY OF STATE