## L23000012768

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## CORPORATE ACCESS, \_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN		
	PICK U	P: <u>MISTY 1/11</u>
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SPECL INSTR	(CORPORATE NAME AND DOCUMENTAL UCTIONS:	T#)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	s:
Banner Marketing & Commu (Must contain the words	unications, LLC "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Add	dress: Mailing Address:
263 Lakay Place Longwood, FL 32779	263 Lakay Place Longwood, FL 32779
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida (	as its own Registered Agent. You must designate an individual or
The name and the Florida street address of the	registered agent ure:
<u>David Be</u>	enghiat Name
263 Laka	
	ret address (P.O. Box <u>NOT</u> acceptable) od, FL 32779

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Same and Address:
AMBR	Danielle Miriam Benghiat 263 Lakav Place Longwood, FL 32779
	N
<del></del> -	
(Use attachment if necessary)	<u> </u>
he date of filing.)	annot be more than five business days prior to or 90 days af- licable statutory filing requirements, this date will not be liste
	~
REOUIRED SIGNATURE:	u u

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)