

L23000347564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

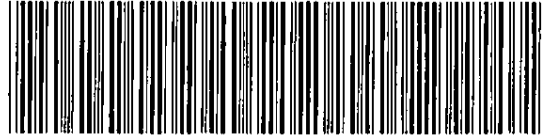
(Business Entity Name)

(Document Number)

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FALL 2023

2023 JUL -5 FRI 10:49

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ALL 2GETHER LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATRINA LADSON

\_\_\_\_\_  
Name of Person

HIDDEN TREASURES BUSINESS & FINANCE EMPORIUM LLC

\_\_\_\_\_  
Firm/Company

150 S. PINE ISLAND RD. STE. 300

\_\_\_\_\_  
Address

PLANTATION, FL 33324

\_\_\_\_\_  
City/State and Zip Code

BENSON1513@OUTLOOK.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATRINA LADSON

954

770.3838

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **ALL 2GETHER LLC**

## ARTICLE II – Address

The principal office and mailing address of the Limited Liability Company is:

Principal Office

6575 LARNE AVE.  
JACKSONVILLE, FL 32244

Mailing

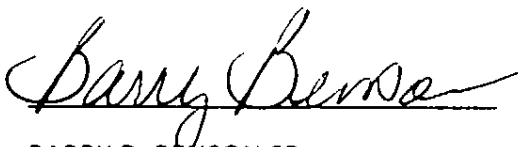
6575 LARNE AVE.  
JACKSONVILLE, FL 32244

## ARTICLE III – Registered Agent

The name and the Florida street address of the Registered Agent is:

BARRY D. BENSON SR.  
6575 LARNE AVE.  
JACKSONVILLE, FL 32244

Having been named as registered agent and to accept service of process of the above names Limited Liability Company at the place designated in this certificate. I hereby accept the appointment as the registered agent and agree to act in this capacity. I further agree to comply with all provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



BARRY D. BENSON SR.

2021  
JUL  
10  
10:45

#### **ARTICLE IV – Authorized Mangers/Members**

The name and address of the person(s) authorized to manage and control the Limited Liability Company:

CEO  
BARRY D. BENSON SR.  
6575 LARNE AVE.  
JACKSONVILLE, FL 32244

#### **ARTICLE V – Purpose**

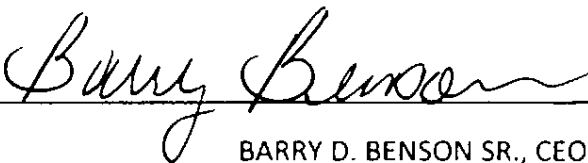
The purpose of which this company is being formed shall be to provide freight broker, freight carrier and freight forwarding services. Also, to supply dispatching services and perform as a freight agent. Additionally, to transact any and all lawful business in which a limited liability company may be organized under the Florida Revised Limited Liability Act

#### **ARTICLE VI – Effective Date**

The effective date of the company shall be the date of filing.

2023 JUL -5 PM 10:45  
FILED

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 in s.817.155, F.S.

  
BARRY D. BENSON SR., CEO

BARRY D. BENSON  
6575 LARNE AVE.  
JACKSONVILLE. FL 32244

DATE: June 29<sup>th</sup> 2023

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

Re: Document Number: L21000327271

This letter is to certify that I, BARRY D. BENSON have no intentions of reinstating previous corporation of ALL 2GETHER LLC, Doc# L21000327271 and therefore release the name to be utilized.


Regards,



BARRY D. BENSON

State of Florida  
County of BROWARD

The forgoing instrument was acknowledged before me this 29<sup>th</sup> day of JUNE 2023, by Barry Benson who acknowledges that he/she signed this instrument voluntarily for the purpose expressed in it.



Signature of Notary  
KATRINA R LADSON

Personally Known \_\_\_\_  
Or  
Produced Identification ✓

Type Produced FLORIDA DRIVER'S LICENSE

2023 JUL -5 PM 10:49  
FILED - STATE OF FLORIDA