## L23000 506A6]

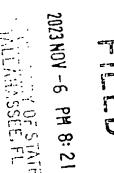
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





300418349923

11/06/23--01010--005 \*\*130.00





## **COVER LETTER**

ited Liability Company
submitted for filing.
tter to the following:
Name of Person
Firm/Company
Address
ty/State and Zip Code
for future annual report notification)
call:
1 545-1628 )
ca Code Daytime Telephone Number
□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address
New Filing Section Division The Centre of Tallahassee

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

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 Liabili	ty Company is:			
Bene Worx LLC	<u> </u>			
(Must con	tain the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	office of the Limite	ed Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Ac	ddress:
545 Chantilly Trail		54	5 Chantilly Trail	
Bradenton, FL 34212	2		adenton, FL 34212	
<del></del>	<del></del>	<u></u>		
ARTICLE III - Registered Ag	ent Registered Office	& Registered Ag	rent's Sionature	
(The Limited Liability Company				individual or
another business entity with an				
The name and the Florida street	address of the registered	d agent are:		
The hank and the Florida street	and cas of the registered	a agent are.		
	Joseph Benedetto	<del></del>		
		Name		
	545 Chantilly Trail			_
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
	Bradenton	FL	34212	
	City	State	Zip	
	•			. 1 12.
Having been named as registered place designated in this certificate				
further agree to comply with the p	rovisions of all statutes r	elating to the prop	er and complete perform	ance of my duties, an
am familiar with and accept the of				
		1 /	ク	
	Ju	ul K	men	こまりの
	Regist	tered Agent's Sign	ature (REQUIRED)	
	/			12 <u>7</u> -17

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Me	mber
"MGR" = Manager	
MGR	Joseph Benedetto
MGK	545 Chantilly Trail
	Bradenton, Fl 34212
AMBR	Kimberly Benedetto
	545 Chantilly Trail Bradenton, Fl 34212
	Brademon, F1 34212
AMBR	Zacharv Benedetto
	545 Chantilly Trail
	Bradenton, Fl 34212
	<del></del>
ate of filing.) :: If the date inserted in this blo	te must be specific and cannot be more than five business days prior to or 90 days after ock does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
REQUIRED SIGNATUR	E:
<del></del>	
	from Orner
Signa	atyre of a member or an authorized representative of a member.
	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	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.
	JOSEPH BENEDETTO  Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)