10/22/2024, 10:23 AM CDT TO: +18506176381 FROM: 18336647149 PAGE 1/3

10/22/24, 8:10 AM

Division of Corporations





H240003516103ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : DAVID E HIGHTOWER Account Number : I20060000090

Phone : (850)549-3812

Fax Number

: (850)607-2663

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: BBarr@levinlaw.com

FLORIDA LIMITED LIABILITY CO. Common Benefit, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ζ

(((H24000351610 3)))

Ďa c

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Common Benefit, LLC.

ARTICLE II - Address

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

316 S. Baylen St., Suite 600 Pensacola, Florida 32502

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be indefinite.

ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more managers in accordance with the company's operating agreement. The initial managers shall be Brian Barr and Amanda Barr.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company are:

Brian Barr 316 S. Baylen St., Suite 600 Pensacola, Florida 32502

ARTICLE VII - Effective Date

Pursuant to section 605.0207, Florida Statutes; the effective date for the beginning existence of the limited liability company shall be October 18, 2024.

10 /18/2024

Dated

(.

Brian Barr, Member

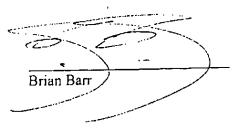
(((H24000351610 3)))

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 605.0113, Florida Statutes, 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.

lo/18/2024 Dated

e :



2/70

10 1