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FROM: HUBCO
104662003400

ACCT#:

CONTACT: BRUCE HUBBARD
PHONE: (516) 935-3940
(516) 935-3088

FAX #:

NAME: BENCORP INTERNATIONAL LIMITED COMPANY

AUDIT NUMBER.....H97000018597

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

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**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: **BENCORP INTERNATIONAL LIMITED COMPANY**
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.

FROM: HUBCO
77 East John Street
Hicksville, New York 11801
1-800-443-8177
FAX 1-516-935-3088

Depository Account # 104662003400

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is:

BENCORP INTERNATIONAL LIMITED COMPANY

ARTICLE II - ADDRESS

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

**BENCORP INTERNATIONAL LIMITED COMPANY
23 SOUTH 3rd
FERNANDINA BEACH, FL 32034**

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be:

**FOR THE MAXIMUM PERIOD ALLOWED UNDER FLORIDA LAW,
WHICH IS PRESENTLY THIRTY YEARS**

ARTICLE IV - MANAGEMENT

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**YEHUDAH BENJAMIN COHN
393 WEST END AVENUE, SUITE 2A
NEW YORK, N.Y. 10024**

Prepared By:

**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

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ARTICLES V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Upon consent of both members

ARTICLES VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

IN ACCORDANCE WITH FLORIDA LAW

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of:

BENCORP INTERNATIONAL LIMITED COMPANY deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is: **\$ 150,000.00**
- 3) if any, the agreed value of property other than cash contributed by member(s) is:
(a description of the property is attached and made a part hereto) **\$.00**
- 4) the amount of cash or property anticipated to be contributed by member(s) is:
(This total includes amounts from 2 and 3 Above) **\$ 150,000.00**



Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **BENCORP INTERNATIONAL LIMITED COMPANY**

2. The name and address of the registered agent and office is:

ERIC HARGROVE

Name


2248 NORTHWEST 5TH PLACE

(P.O. Box or Mail Drop Box NOT Acceptable)

GAINESVILLE, FL 32603

(City / State / Zip)

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.


(Signature)

Sept. 16, 1997

(Date)

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