

125000017149

(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,
INC.**

When you need ACCESS to the world

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

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1. BENNENECKENSTEIN, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



American Corporate Services, Inc.

83 Calvert Street, 2nd Floor
Harrison, New York 10528
www.acsicorporate.com

Voice 914-777-2390
Toll 888-501-CORP (2677)
Fax 914-777-2394

January 10, 2025

Re: **BENNENECKENSTEIN, LLC**

Glinda Bennett
Corporate Access, Inc.
236 E. 6th Ave.
Tallahassee, FL 32303

Dear Glinda:

Attached please find the Articles of Organization on behalf of the above captioned entity for filing.

If all is in order, please advance the necessary filing fees and submit for filing on an **EXPEDITED BASIS**, forwarding the appropriate evidence, to my attention via email.

If you have any questions, or if you need additional information, please do not hesitate to contact me directly.

Thank you in advance for your cooperation.

Sincerely,

Nicole M. Cammarano
Project Manager

NMC:wp
Enclosure

Reference # **NMM-25-0016**

An affiliate of National Registered Agents, Inc.

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Benneckenstein, 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:

Name of Person
Firm/Company
Address
City/State and Zip Code
joseph.hasenkopf@gs.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

____ 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:

Benneckenstein, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

410 South Beach Road
Hobe Sound, FL 33455

Mailing Address:

100 Coliseum Drive
Cohoes, NY 12047

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

Florida

33324

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 as provided for in Chapter 605, F.S..

NRAI Services, Inc.

By: *Michael J. McManus*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>AMBR</u>	<u>West Meadow LLC</u> <u>100 Coliseum Drive</u> <u>Cohoes, NY 12047</u>
<u>MGR</u>	<u>Julia Greifeld</u> <u>100 Coliseum Drive</u> <u>Cohoes, NY 12047</u>
<u>MGR</u>	<u>Robert Greifeld</u> <u>100 Coliseum Drive</u> <u>Cohoes, NY 12047</u>
<u>MGR</u>	<u>Robert W. Greifeld</u> <u>100 Coliseum Drive</u> <u>Cohoes, NY 12047</u>

(Use attachment if necessary)

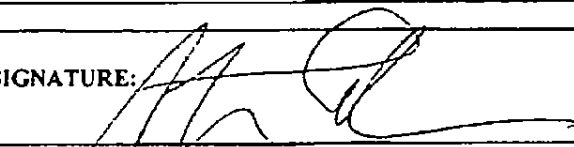
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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 for in s.817.155, F.S.

Steven J. Cohen, Authorized Person

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)

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