

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

SEP 1 PM 12:03

M. Ready

| | |
|--|-----------|
| 1. Full Name of Committee One Surfside | Telephone |
|--|-----------|

Mailing Address (include city, state and zip code)

*1018 B 71 ST
MIAMI BEACH, FL 33141*

Street Address (include city, state and zip code)

Same

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
|--|-----------------|--------------|
| None | | |

3. Area, Scope and Jurisdiction of the Committee
 Local committee to support or oppose issues and/or candidates for municipal or county offices, register voters, or other activity not prohibited by Chapter 106, Florida Statutes

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)
 Community Issues/Political

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

| Full Name | Mailing Address | Committee Title or Position |
|--------------|--|-----------------------------|
| Aaron Nevins | 9715 W. Broward Blvd. #246 Plantation, FL 33324 | Treasurer |

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

| Full Name | Mailing Address | Committee Title or Position |
|-----------------|--------------------------------------|-----------------------------|
| Jack Benveniste | 10183 71 St Miami Beach, FL 33141 | Chairman |

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

| Full Name | Mailing Address | Office Sought | Party |
|------------------|-----------------|---------------|-------|
| To be determined | | | |

8. List Any Issues this Committee is Supporting: to be determined
List Any Issues this Committee is Opposing: to be determined

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
 N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 Donate to an organization that is tax exempt per section 527

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

| Name of Bank or Depository & Account Number | Mailing Address |
|---|--|
| Bank of America | 901 SE 17th St Cswy Ste 100 Fort Lauderdale, FL 33316 |

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

| Report Title | Dates Required to be Filed | Name & Position of Official | Mailing Address |
|----------------------------------|--|-----------------------------|--------------------|
| 8871 1120POL 990 as needed | upon formation 3/15 annually 3/15 annually | IRS | Ogden, UT 84201 |

STATE OF Florida COUNTY Miami-Dade

I, Jack Benveniste, certify that the information in this Statement of

Organization is complete, true and correct.

X Jack Benveniste
 Signature of Chairman of Political Committee

09-01-2023
 Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY

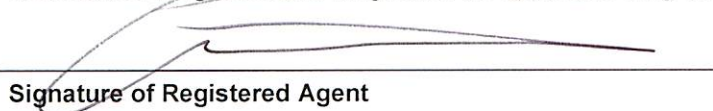
- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

SEP 1 PM 12:03
Handwritten signature

Registered Agent and Office Information

| | | |
|---|-------------|-------------------|
| Name Aaron Nevins | | Telephone |
| Street Address 9715 W. Broward Blvd #246 | | |
| City Plantation | State FL | Zip Code 33324 |
| Mailing Address Same | | |
| City | State | Zip Code |

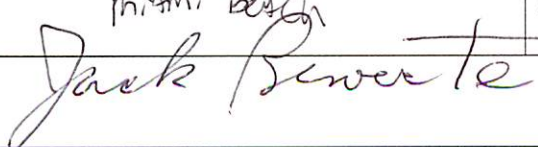

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

 _____ 9-1-23
 Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

| | | |
|----------------|-------|-----------|
| Name | | Telephone |
| Street Address | | |
| City | State | Zip Code |

Committee or Organization Information

| | | |
|--|-------------|-----------------------|
| Name of Committee or Organization One Surfside | | |
| Street Address 1017 B H St | | Telephone |
| City Miami Beach | State FL | Zip Code 33141 |
|  _____ Signature of Chairperson | | |
|  JACK Benveniste | | <u>9-1-23</u> Date |
| Printed Name of Chairperson | | Date |