

L14000073231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

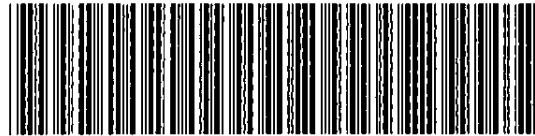
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-28122

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RECEIVED  
MAY 6 2 14 PM '14  
OFFICE OF THE CLERK

B. BOSNICK

MAY - 6 2014

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 116754 7448543

AUTHORIZATION :

*Susie Knight*

COST LIMIT : \$ 125.00

ORDER DATE : May 2, 2014

ORDER TIME : 1:13 PM

ORDER NO. : 116754-035

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: 93 OHRPT, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

CSC 5/2/14 11:13 AM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 93 OHRPT, 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:

Kim Taylor  
\_\_\_\_\_  
Name of Person  
  
Benderson Development Company, LLC  
\_\_\_\_\_  
Firm/Company  
  
7978 Cooper Creek Blvd, Suite 100  
\_\_\_\_\_  
Address  
  
University Park, Florida 34201  
\_\_\_\_\_  
City/State and Zip Code  
  
taxdepartment@benderson.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Taylor at ( 941 ) 360-5729  
\_\_\_\_\_  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

6/11/03 10:00 AM



**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

David H. Baldauf

7978 Cooper Creek Blvd, Suite 100

University Park, FL 34201

MGR

Shaun Benderson

7978 Cooper Creek Blvd, Suite 100

University Park, FL 34201

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

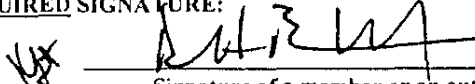
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

David H. Baldauf, Manager

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)

0-2013-0-11-11-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2014

CSC  
93 OHRPT, LLC  
SUSIE KNIGHT

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: 93 OHRPT, LLC  
Ref. Number: W14000028122

We have received your document for 93 OHRPT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 614A00009485

14 MAY -5 PM 14:22  
RECEIVED