24000 Table 733

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Ed.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (G14)280-3338

Fax Number : (614)573-3996

DATE

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

Email Address: slongo@benchmarkgrp.com

FLORIDA LIMITED LIABILITY CO.

Benchmark PSL LLC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTI	CLE I - Name:
The na	ame of the Limited Liability Company is:
	Benchmark PSL LLC
	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
	CLE II - Address: sailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:	Mailing Address:
Gree 4053 Maple Rd, Suite 200 Mary Amberst, NY 14226	4053 Maple Rd, Suite 200
Amberst, NY 14225	Amherst NY 14226
	1! 1:

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:

CT Corporation Sy	/stem	
	Name	
1200 South Pine Isl	and Road	
Florida street addre	ess (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	Zin :4:

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.

By: Ball

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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31 - 04/(A 7020 Wallers to lower Chine

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From: David Thoma:

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The name and address of each person authorized to manage and control the Limited Liability Compan	The name and address of each	person authorized to manage	and control the Limite	ed Liability Company
---	------------------------------	-----------------------------	------------------------	----------------------

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	<u> </u>	,
MGR	Benchmark Properties Management Corp. 4053 Maple Rd. Suite 200 in an annual Amherst, NY 14226	1, 15
	Annicise N 1 14220	
		
WREGE:	• •	
Paragrae .	(0 b)	
(Use attachment if necessary)		
	ate of filing: (OPTI	ONAL)
ARTICLE V: Effective date, if other than the d		
(If an effective date is listed, the date must be	specific and cannot be more than five business days p	orior to or 90 days a
(U an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not be determined.	specific and cannot be more than five business days p of meet the applicable statutory filing requirements, this	orior to or 90 days a
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days p of meet the applicable statutory filing requirements, this	orior to or 90 days a
(U an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not be determined.	specific and cannot be more than five business days p of meet the applicable statutory filing requirements, this	orior to or 90 days a
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days p of meet the applicable statutory filing requirements, this	orior to or 90 days a
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days p of meet the applicable statutory filing requirements, this	orior to or 90 days as date will not be list
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days pot meet the applicable statutory filing requirements, this ent of State's records.	orior to or 90 days as date will not be list

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. Longo

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)

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\$ 5.00 Certificate of Status (Optional)

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