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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	—
Special Instructions to Filing Officer:	
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TALLAHASSEE, FL

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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 986248 7448543 AUTHORIZATION : ORDER DATE: September 2, 2021 ORDER TIME : 11:05 AM ORDER NO. : 986248-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 7978 CCB 20, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION __ CERTIFICATE OF LIMITED PARTNERSHIP ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	7978 CCB 20, LLC	
SUBJECT	Name of Limited Liab	ility Company
The enclos	used Articles of Organization and fee(s) are submitt	ed for filing.
	urn all correspondence concerning this matter to th	
	Kim Taylor	
	Name o	of Person
	Benderson Development Company, LLC	
	Fim/C	Company
	7978 Cooper Creek Blvd	
	Ado	iress
	University Park, Florida 34201	
	City/State a	nd Zip Code
	taxdepartment@benderson.com	
	E-mail address: (to be used	for future annual report notification)
For further	r information concerning this matter, please call:	
Kim Taylo	or 941	360-7259
	Name of Person Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fil	Siling Fee \$130.00 Filing Fee & \$155 Certificate of Status Certi	.00 Filing Fee & \$160.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF STATE

	TALLAHAS
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
7978 CCB 20, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address: Ma	niling Address:
7978 Cooper Creek Blvd	7978 Cooper Creek Blvd
University Park, Florida 34201	University Park, Florida 34201
another business entity with an active Florida registrate. The name and the Florida street address of the register.	
Alicia H. Gayton	
Nar	ne
7978 Cooper Creek Blvd	
Florida street address (P.O. B	ox <u>NOT</u> acceptable)
University Park,	_{FL} 34201
City	Zip
Having been named as registered upent and to accept	service of process for the above stated limited liability come

Having been named as registered ugent 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

∠ By

y:

Registered Agent's Signature (REQUIRED)

Alicia H. Gayton

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	بــــــــــــــــــــــــــــــــــــ
	7978 Cooper Creek Blvd
	University Park, Florida 34201
MGR	University Park, Florida 34201 Shaun Benderson 7978 Cooper Creek Blvd University Park, Florida 34201 Stephen C. Scalione 7978 Cooper Creek Blvd
	7978 Cooper Creek Blvd
	University Park, Florida 34201
	្រា
MGR	Stephen C. Scalione
	7978 Cooper Creek Blvd
	University Park, Florida 34201
EV: Effective date, if other than the ctive date is listed, the date must be	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must be filling.)	date of filing: (OPTIONAL) Despecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must if filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmation I am aware that any fall	date of filing:
E V: Effective date, if other than the ctive date is listed, the date must if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmation I am aware that any fal constitutes a third degree.	member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sec constitutes an affirmati I am aware that any fal constitutes a third degr	member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State