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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificate	s of Status	
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Special Instructions to f	Filing Officer:		
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Office Use Only



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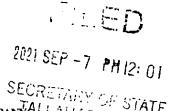
CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195		
REFERENCE: 989392 7448543		
AUTHORIZATION :		
COST LIMIT : \$125.00		
ODDED DAGE Contember 7 2023		
ORDER DATE : September 7, 2021		
ORDER TIME : 11:01 AM		
ORDER NO. : 989392-005		
CUSTOMER NO: 7448543		
DOMESTIC FILING		
NAME: 7978 CCB, LLC		
EFFECTIVE DATE:		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP		
XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY		
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Eyliena Baker - EXT.		
EXAMINER'S INITIALS:		

COVER LETTER

TO: Registration Section Division of Corporations				
CUBIFCT	7978 CCB 28, LLC			
SUBJECT:Name of Limited Liability Company				
The enclos	ed Articles of Organization and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this	matter to the following:		
	Kim Taylor			
	-	Name of Person		
	Benderson Development Compa	iny, LLC		
	Firm/Company			
	7978 Cooper Creek Blvd			
	Address			
	University Park, Florida 34201			
	4- 4404040	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, p	please call:		
Kim Taylo	or at	941 360-7259		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is	s a check for the following amount:			
\$125.00 Fi	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section	Street/Courier Address Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301



SECRETARY OF STATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYAL LAHASSEE, FL

ARTICLE 1 - Name The name of the Limi	: ited Liability Company is:				
7978 CCB 28, LLC	<u></u>				
	(Must end with the words "Li	imited Liability	Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Addr The mailing address a	ress: and street address of the princ	ripal office of the	: Limited Liabilit	y Company is:	
Principal Office Address: Mailing Address:					
7978 Cooper Cree University Park, Flo			7978 Cooper Creek Blvd University Park, Florida 34201		
(The Limited Liability	istered Agent, Registered O y Company cannot serve as it ty with an active Florida regi	s own Registered			
The name and the Flo	orida street address of the regi	stered agent are:			
Alicia H. Gayton					
Name					
	7978 Cooper Creek Blvd				
	Florida street address (P.O. Box NOT acceptable)			_	
	University Park,	FL ³	34201		
	City		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.

Colored

Registered Agent's Signature (REQUIRED

Alicia H. Gayton

(CONTINUED)

Page 1 of 2

_	<u>Fitle:</u>	Name and Address:
	'AMBR" = Authorized Member	
	'MGR" = Manager MGR	David H. Baldauf
-		7978 Cooper Creek Blvd
		University Park, Florida 34201
i	MGR	Shaun Benderson
_		7978 Cooper Creek Blvd
		University Park, Florida 34201
1	MGR	Stephen C. Scalione
		7978 Cooper Creek Blvd
		University Park, Florida 34201
-		
(Use attachment if necessary)	
		(07000)
ARTICLE	EV: Effective date, if other than the date of file	ling: (OPTIONAL)
If an effe he date of		and cannot be more than five business days prior to or 90 days after
ne date of	i nung.	
ARTICLE	E VI: Other provisions, if any.	
		SECRE II TALLAI
Ī	REQUIRED SIGNATURE:	
		FAI SE
	W	
	Signature of a member	r or an authorized representative of a member.
	constitutes an affirmation under	the monoting of periors that the foots stated herein are true
	Lam aware that any false inform	ation submitted in a document to the Department of State (7) 27
		as provided for in s.817.155, F.S.)
	constitutes a time degree retory	as provided for in s.817.155, F.S.) $\frac{17}{100} \frac{1}{100} = \frac{1}{100} \frac{1}{100} = \frac{1}{10$

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Stephen C. Scalione, Manager

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)