

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Banco of Indian River, L.L.C

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Art of Inc. File  
LTD Partnership File  
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☒ L.C. File Cert  
Fictitious Name File  
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RA Resignation  
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☒ Certificate of Good Standing  
Certificate of Status  
Certificate of Fictitious Name  
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TALLAHASSEE, FLORIDA

Signature

Requested by: CD 2-1-00 11:00  
Name Date Time

Walk-In Will Pick Up

2-2-00

**ARTICLES OF ORGANIZATION  
OF  
BENCO OF INDIAN RIVER, L.L.C.**

The following have associated themselves for the purposes of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit:

1. BRIAN D. STORK; and
2. JDS PARTNERS, a Texas Partnership

The following Articles shall be the charter and authority for the conduct of business of such limited liability company.

**ARTICLE I**

**Name**

The name of the limited liability company is **BENCO OF INDIAN RIVER, L.L.C.**

**ARTICLE II**

**Address**

The initial street address and mailing address of the principal office of the limited liability company is:

601 U.S. Highway #1  
Vero Beach, FL 32962

**ARTICLE III**

**Term**

The term of the limited liability company shall begin upon the filing of the Articles of Organization with the Department of State of Florida and shall continue until December 31, 2025, unless its existence is sooner terminated pursuant to the Members' Regulations unless extended by a unanimous vote of the Members.

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SECRETARY OF STATE  
TAMARA SHELTON  
FLORIDA

#### **ARTICLE IV**

##### **Management**

The limited liability company is to be managed by a manager and the name and address of such manager is:

BRIAN D. STORK  
601 U.S. Highway #1  
Vero Beach, FL 32962

The named manager shall serve until successors are elected and qualified pursuant to the Members' Regulations.

#### **ARTICLE V**

##### **Registered Agent**

The Registered Agent for the service of process with the State shall be BRIAN D. STORK, and the address for the Registered Agent is 601 U.S. Highway #1, Vero Beach, FL 32962. A Certificate of Designation of Registered Agent/Registered Office is attached hereto.

#### **ARTICLE VI**

##### **Admission of Additional Members**

The Members have the right to admit additional members by unanimous approval of all Members, provided the additional members have met the requirements of and been approved by the Members' Regulations.

#### **ARTICLE VII**

##### **Members Rights to Continue Business**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the limited liability company, the remaining Members shall have the right to continue the business upon unanimous consent of such remaining Members, provided the consent is obtained within ninety (90) days of the occurrence of one of the above events. If the necessary consents of the Members is not obtained, then, the limited liability company shall be dissolved, liquidated and terminated pursuant to the Members' Regulations.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII**

**Adoption of Regulations**

The Members hereby adopt the initial Regulations for the purpose of defining the operation procedures of the limited liability company.

Executed by the undersigned at Vero Beach, Indian River County, Florida, on the 20<sup>th</sup> day of January, 2000.

**MANAGING MEMBER:**

  
BRIAN D. STORK

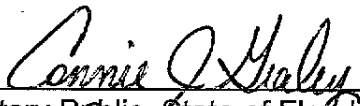
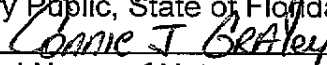
STATE OF FLORIDA                     )  
  :SS.  
COUNTY OF INDIAN RIVER        )

BEFORE ME, an officer duly authorized to take acknowledgments, personally appeared BRIAN D. STORK, known to me and/or who produced \_\_\_\_\_ as identification, and he acknowledge before me that he executed the foregoing instrument for the purposes therein expressed.

WITNESS my hand and seal in the county and state last aforesaid this 20<sup>th</sup> day of January, 2000.



Connie J. Graley  
MY COMMISSION # CC830624 EXPIRES  
April 27, 2003  
Estate of TROY FAIN INSURANCE, INC.

  
Notary Public, State of Florida  
  
Printed Name of Notary  
My Commission Expires:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **BENCO OF INDIAN RIVER, L.L.C.**
2. The name and street address of the registered agent and office is:

**BRIAN D. STORK  
601 U.S. Highway #1  
Vero Beach, FL 32962**

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.

By: \_\_\_\_\_

**BRIAN J. STORK**

\_\_\_\_\_  
January 20, 2000

(Date)

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AND  
FILED  
00 FEB -1 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA