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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

FILED
04 MAY 20 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 MAY 20 AM 10:08
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BENT TREE ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

104-38413

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BENT TREE ASSOCIATES, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
6011 MEDICI CT., STE 204	
SARASOTA, FL 34243	

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TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Name

4435 OLD WINTER GARDEN RD.
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FLORIDA 32811
City, State, and 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 608, Florida Statutes..

Registered Agent's Signature
JOSE MOJICA, ASST SEC'Y.

BLUMBERGEXCELSIOR
62 WHITE ST
NY NY 10013
800-221-2975 X575

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	COREY RINKER P.O. BOX 142 VALHALLA, NY 10595
MGRM	MICHAEL DELLA DONNA 8011 MEDICI CT., STE 204 SARASOTA, FL 32243

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

COREY RINKER
Typed or printed name of signer

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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