

L05000015085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*

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RECEIVED  
05 FEB 14 AM 11:44  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
05 FEB 14 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
05 FEB 14 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION

February 14, 2005

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
05 FEB 14 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6300205 SO  
Customer Reference 1: 214 740-8622  
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Benton Grand Navarre GP, LLC (FL)  
Formation  
Florida

Benton Grand Navarre GP, LLC (FL)  
Certificate of Status-Domestic  
Florida

Benton Grand Navarre GP, LLC (FL)  
Cert Copy of Articles of Org  
Florida

~~Benton Grand Navarre GP, LLC (FL)~~  
~~Formation~~  
~~Florida~~

~~Benton Grand Navarre GP, LLC (FL)~~  
~~Certificate of Status-Domestic~~  
~~Florida~~

~~Benton Grand Navarre GP, LLC (FL)~~  
~~Cert Copy of Articles of Org~~  
~~Florida~~

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A WoltersKluwer Company

File  
First  
Please

**CT CORPORATION**

undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

**FILED**  
05 FEB 14 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A WoltersKluwer Company

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Benton Grand Navarre GP, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4481 Legendary Drive

Suite 100

Destin, Florida 32541

**Mailing Address:**

4481 Legendary Drive

Suite 100

Destin, Florida 32541

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Robert T. Cozean

Name

4481 Legendary Drive, Suite 100

Florida street address (P.O. Box **NOT** acceptable)

Destin, Florida 32541

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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Robert T. Cozean

4481 Legendary Drive, Suite 100

Destin, Florida 32541

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Robert T. Cozean

\_\_\_\_\_  
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)**  
**\$ 5.00 Certificate of Status (Optional)**