

L050000 15087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

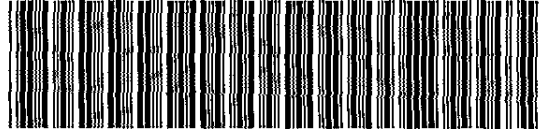
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05 FEB 14 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 FEB 14 AM 11:44
DEPT. OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

CT CORPORATION

February 14, 2005

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

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

Dear Department of State, Florida:

Please obtain the following:

Benton By The Sea GP, LLC (FL)
Formation
Florida

~~Benton By The Sea GP, LLC (FL)~~
~~Cert Copy of Certificate of LP~~
~~Florida~~

~~Benton By The Sea LP (FL)~~
~~Cert Copy of Status Domestic~~
~~Florida~~

Benton By The Sea GP, LLC (FL)
Cert Copy of Articles of Org
Florida

Benton By The Sea GP, LLC (FL)
Certificate of Status-Domestic
Florida

~~Benton By The Sea, LP (FL)~~
~~Formation~~
~~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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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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 By The Sea 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 1100

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. Cozcan

Name

4481 Legendary Drive, Suite 100

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

Destin, Florida 32541

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

(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)