## L0500015088

(Requestor's Name)	
(Address)	
(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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Office Use Only



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OSFEB 14 PH 5: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



## **CT** CORPORATION

February 14, 2005

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

Re: Order #: 6300205 SO

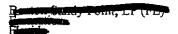
Customer Reference 1: 214 740-8622

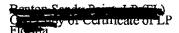
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Benton Sandy Point GP, LLC (FL) Formation Florida





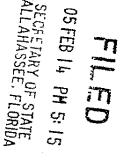


Benton Sandy Point GP, LLC (FL) Cert Copy of Articles of Org Florida

Benton Sandy Point GP, LLC (FL) Certificate of Status-Domestic 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





## **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

OS FEB 14 PH 5: 15
SECKLIARY OF STATE

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

	S FEB
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
	常会学
ARTICLE I - Name: The name of the Limited Liability Company is:	Est si
The mane of the Emmed Emerity Company is.	Sale 5
Benton Sandy Point GP, LLC	
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
	· ·
Principal Office Address:	Mailing Address:
4481 Legendary Drive	4481 Legendary Drive
Suite 100	Suite 100
Destin, Florida 32541	Destin, Florida 32541
ARTICLE III - Registered Agent, Registered  The name and the Florida street address of the re	
Robert T. Cozean	
Name	
4481 Legendary Drive, Suite 100	
Florida street address (P.O. Box NOT acceptable)	
Destin, Florida 32541	
City, State, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agen	t's Signature

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert T. Cozean
	4481 Legendary Drive, Suite 100
	Destin, Florida 32541
· ,	
P	
(Use attachment if necessary)  NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
	Colo
Signature of a membe	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)
	Robert T. Cozean
Ty	ped or printed name of signee
Filing Face	

fung rees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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