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CT CORPORATION SYSTEM

01/03

Division of Corporations

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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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LIMITED LIABILITY COMPANY

Benton Meritage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Benton Marketing, 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. Conner

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 as 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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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:MGRMRobert T. Cozzan4481 Legendary Drive, Suite 100Deerfield, Florida 32541MGRMJohn P. Shelton4481 Legendary Drive, Suite 100Deerfield, Florida 32541

(Use attachment if necessary)

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 606.408(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. Cozzan

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 25.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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