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(Ke	questor's Name)	
(Ad	dress)	
		<u>-</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
5/18	FC	C
	Office Use Onl	v



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TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: BFC Hole		d Liability Company)	····	
	f Organization and fee(s) are so	•		
ROBER	r J BENSON	Name of Person)	<u> </u>	
ROBERT J BENSOI		Firm/Company)		
P.O. BOX 7	80535			
		(Address)		
ORLA	NDO, FL 32878			
	(City/	State and Zip Code)		
For further information concerning this matter, please call:				
ROBERT J BENSON		at (407) 782-1069		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check fo	r the following amount:			
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING A Registration S		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
BFC Holdings, 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:
1222 FRANKLIN DRIVE	P.O. BOX 780535
PORT ORANGE, FL 32129	ORLANDO, FL 32878
ARTICLE III - Registered Agent, Ro	egistered Office, & Registered Agent's Signature:
The name and the Florida street addres	s of the registered agent are:
ROBERT J BENSON	4
	Name
1222 FRANKLIN DR	:IVE
Florid	a street address (P.O. Box NOT acceptable)
PORT ORANGE	FL 32129
С	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and confidence accept the obligations of my position.	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(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	r	Name and Address:	
"MGRM" = Manag			
MGRM		JAX INVESTMENTS, LLC	
	_	P.O. BOX 780535	
		ORLANDO, FL 32878	
MGRM		ROBERT J BENSON, INC	
	-	P.O. BOX 780535	
		ORLANDO, FL 32878	
MGRM		JEROMARLI TRUST	
		P.O. BOX 291579	
		PORT ORANGE, FL 32129	
	- ·		
(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 J BENSON

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)