## L050000 78582

(Re	questor's Name)	<del></del> .
(	<b></b>	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corpo			
SUBJECT: BANYAN RE	EAL ESTATE INVESTME	NT, LLC	
<del></del> -	(Name of Limited	Liability Company)	
	rganization and fee(s) are su		
riease fetutii ari correspone	dence concerning and matter	to the following.	
RALPH N. I	DE LISA		
	(N	ame of Person)	
BANYAN REAL ESTAT	TE INVESTMENT, LLC		
	(F	irm/Company)	
			70 F
6915 LAREDO	TERRACE		
		(Address)	Ein-
UNIVEF	RSITY PARK, FLORIDA 3	4201-2128	
(City/State and Zip Code)			
For further information cor	ncerning this matter, please of	call:	<b>A</b> '''
RALPH N. DE LISA		at (_941360-664	0
(Name of	Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for t	he following amount:		
	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division 409 E. G	T ADDRESS: tion Section of Corporations taines Street see, Florida 32399	Registration Division of P.O. Box 6	Corporations

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
BANYAN REAL ESTATE INVESTMENT, LLC				
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Liability Com	pany is	S:	
Principal Office Address:	Mailing Address:			
8915 LAREDO TERRACE	6915 LAREDO TERRACE			
UNIVERSITY PARK, FLORIDA 34201	UNIVERSITY PARK, FLORIDA 34201			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:				
	Erri	S		
RALPH N. DE LISA		8	77.	
Name	三二			
6915 LAREDO TERRACE	ress (P.O. Box NOT acceptable)	AH 11: 26	0	
Florida street add	ress (P.O. Box NOT acceptable)	<i>∴</i>		
UNIVERSITY PARK	FL 34201	O)		
City, State, at	nd 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	RALPH N. DE LISA		
THOI IN	6915 LAREDO TERRACE		
	UNIVERSITY PARK, FLORIDA 34201		
	ONIVERSITI FARIK, I LONIDA 34201		
MGRM	BARRY JOSEPHSON		
	409 NORTH POINT ROAD, UNIT 304		
	OSPREY, FLORIDA 34229		
<del></del>			
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:			
	1.5		
Signature of a member or an authorized representative of a member.			
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)		
RALPH N. DE LISA			
Typed	or printed name of signee		
DI D	·		
<u>Filing Fees:</u>			
\$125.00 Filing Fee for Articles of Organiza	tion and Designation		
of Registered Agent \$ 30.00 Certified Copy (Optional)			

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)