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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (561)394-0500
Fax Number : (561)394-3862

Just

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SRK Lady Lake 3.7 Associates LLC

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

SECRET OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SRK Lady Lake 3.7 Associates LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:4053 Maple Road
Amherst NY 142264053 Maple Road
Amherst NY 14226

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

HRAWG CORP.

Name

1801 N. MILITARY TRAIL, SUITE 200Florida street address (P.O. Box NOT acceptable)BOCA RATONFL33431

City, State, and 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.

Larry Cowan As Agent
Registered Agent's Signature (REQUIRED)

(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:MGR

Benchmark Properties Management Corp.
4053 Maple Road
Amherst NY 14226

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

Steven J Longo
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.)

Steven J Longo
Typed or printed name of signer

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)

Vice President of
Benchmark Properties Management Corp.,
Manager

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