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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only

B. KOHR

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EXAMINER



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SECRETARY OF STATE



ACCOUNT NO. : I2000000195

REFERENCE: 470026 7448543

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 21, 2012

ORDER TIME : 9:25 AM

ORDER NO. : 470026-015

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: 7978 ASSOCIATES III, LLC

EFFECTIVE DATE:

| | CERTIFICATE OF LIMITED PARTNERSHIP |
|---------|--|
| XX | ARTICLES OF ORGANIZATION |
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: |
| XX | CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT | F PERSON: Susie Knight - EXT. 52956 |

EXAMINER'S INITIALS:

| j | R FLORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: | |
| The name of the Limited Liability Compan | R FLORIDA LIMITED LIABILITY COMPANY iy is: Liability Company. "L.L.C.," or "L.L.C.," |
| 7978 Associates III, LLC | L'AN AND AND AND AND AND AND AND AND AND A |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Address: | <u> </u> |
| The mailing address and street address of t | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7978 Cooper Creek Blvd, Suite 100 | 7978 Cooper Creek Blvd, Suite 100 |
| University Park, Florida 34201 | University Park, Florida 34201 |
| | |
| Alicia H. Gayton | Name |
| | |
| 7978 Cóoper Creek Bly | et address (P.O. Box <u>NOT</u> acceptable) |
| Florida stre | to the desired of the territory |
| University Park, | FL 34201 |
| <u>Universitý Park,</u> | FL 34201 ity, State, and Zip |
| University Park, Ci Having been named as registered agent an | FL 34201 ity, State, and Zip and to accept service of process for the above stated limited |
| University Park, Classification of the place designate of the place | FL 34201 ily, State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as |
| University Park, Ci Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and complete. | FL 34201 tiy, State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a tele performance of my duties, and I am familiar with and |
| University Park, Ci Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and complete. | FL 34201 ily, State, and Zip and to accept service of process for the above stated limited to this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all |
| University Park, Ci Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple | FL 34201 tiy, State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as a pacity. I further agree to comply with the provisions of a a performance of my duties, and I am familiar with and |
| University Park, Ci Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as | FL 34201 fly, State, and Zip find to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S |
| University Park, Ci Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as | FL 34201 tiy, State, and Zip and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a tele performance of my duties, and I am familiar with and |

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Page 1 of 2

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| Title: | | Name and Address: |
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| "MGR" = Mar | | • |
| | lanaging Member | |
| MGR. | | David H. Baldauf |
| ų, | • | 7978 Cooper Creek Blvd, Suite 100 |
| : | | University Park, Florida 34201 |
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| CLE V: Effective flective date is 0 days after the | ve date; if other than the listed, the date must be date of filing.) SIGNATURE: | |
| CLE V: Effective frective date is 0 days after the REQUIRED ! | ve date; if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member secondance with section 60 stitutes an affirmation under aware that any false infor | pe specific and cannot be more than five business d |
| CLE V: Effective frective date is 0 days after the REQUIRED ! | e date; if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member | er or an authorized representative of a member. 8:408(3); Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) f, Manager |
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COVER LETTER

| COVER LETTER |
|---|
| TO: Registration Section Division of Corporations |
| SUBJECT: 7978 Associates III, LLC |
| Name of Limited Liability Company |
| TO: Registration Section Division of Corporations SUBJECT: 7978 Associates III, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Alicia H. Gayton, Esq. |
| Name of Person |
| Benderson Development Company, LLC |
| Firm/Company |
| 79.78 Cooper Creek Blvd, Suite 100 |
| Address |
| University Park, Florida 34201 |
| City/State and Zip Code |
| aliciagayton@benderson.comc |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kim Taylor 941 360.7259 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Sirect/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |