## 14000073218

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
}		
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Office Use Only



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A LITTER DRIVER SO NOTES AND 14 KAY -2 PH 1: 59

MAY - 6 2013 T. HAMPTON



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195 REFERENCE: 116754 7448543 AUTHORIZATION: COST LIMIT : ORDER DATE: May 2, 2014 ORDER TIME : 1:12 PM ORDER NO. : 116754-045 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 93 NJRPT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

## COVER LETTER

	sistration Section ision of Corporations			
SUBJECT:	93 NJRPT, LLC			
SCECET.	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:			
	Kim Taylor			
-	Name of Person			
	Benderson Development Company, LLC			
-	Firm/Company			
	7978 Cooper Creek Blvd, Suite 100			
-	Address			
	University Park, Florida 34201			
•	City/State and Zip Code			
	taxdepartment@benderson.com			
	E-mail address: (to be used for future annual report notification)			
For further i	nformation concerning this matter, please call:			
Kim Taylor	941 360-5729			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is	a check for the following amount:			
]\$125.00 Fil	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  (additional copy is enclosed)			
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314  Tallahassee, FL 32301			



May 5, 2014

CSC SUSIE KNIGHT

SUBJECT: 93 NJRPT, LLC Ref. Number: W14000028075 RESUBMIT

Please give original submission date as file date.

We have received your document for 93 NJRPT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 114A00009472

RECEIVED

14 MAY - 5 PM 2: 12

TUTSION OF CONTRACTION

AR	TICLES OF ORGANIZATI	ON FOR FL	ORIDA LIMITED LIABILITY	COMPANY
ARTICLE I - Name: The name of the Limit	ed Liability Company is:			
93 NJRPT, LLC				
(	Must end with the words	"Limited L	iability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address and The mailing address and		rincipal offi	ce of the Limited Liability (	Company is:
Principal Office Add	ress:	Mailing	Address:	
7978 Cooper Creek		<del></del>	7978 Copper Creek Blv	
University Park, FL	34201		University Park, Florida	34201
·	y with an active Florida r rida street address of the r Alicia H. Gayton	•		
		Name		-
	7978 Cooper Creek		100	
	Florida street address (P.O. Box NOT acceptable)			
	University Park,		FL 34201	_
	City		Zip	
the place designat capacity. I further a	ed in this certificate, I her agree to comply with the p	reby accept provisions of rept the obli	the appointment as registere Call statutes relating to the p	stated limited liability company at ad agent and agree to act in this proper and complete performance gistered agent as provided for in

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQURED) Alicia 4. bay tow

2014 MAY -2 AM 10: 18

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Memb	
"MGR" = Manager	
MGR	David H. Baldauf
	7978 Cooper Creek Blvd, Suite 100
	University Park, FL 34201
MGR	0, , ,
	Shaun Benderson
	7978 Cooper Creek Blvd, Suite 100
	University Park, FL 34201
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL)
ICIE V. Effective data if other th	
ICLE V: Effective date, if other th	and the energific and connect be made than five business dead prior to an 00 days often
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effective date is listed, the date rate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature	Here of a member or an authorized representative of a member.
effective date is listed, the date in the of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance w	re of a member or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature  (In accordance we constitutes an af	Here of a member or an authorized representative of a member.

David H. Baldauf, Manager

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2

SECRETARY OF STATE

FILED