## P10000198049

(Re	questor's Name)				
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PICK-UP	TIAW [	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				





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C. GOLDEN 0CT 3 1 2016 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 349124 4336482 COST LIMIT : \$ 125.00 ORDER DATE: October 28, 2016 ORDER TIME : 10:28 AM ORDER NO. : 349124-010 CUSTOMER NO: 4336482 DOMESTIC FILING NAME: FT. PIERCE BENTONWOOD LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ft. Pierce Name of	Bentonwood LLC  f Limited Liability Company
The enclosed Articles of Organization and fee(s	
Robyn Tuerk, Esq.	
Division Transport	Name of Person
Philips International	Firm/Company
295 Madison Avenue, 2nd Floor	
New York, New York 10017	Address
	City/State and Zip Code
·	used for future annual report notification)
For further information concerning this matter, p rtuerk@pihc.com	212 951-3801
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee Certificate of Status	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 $\xi_{l}f_{4}$ 

ARTICLE I - Name: The name of the Limited Liabil:	ity Company is:					
The name of the Limited Liabili	пу сопрану із.			16	007 2:	8 72 8
Ft. P	ierce Ber	itzmunst	ed LLC			
(Must end	with the words "Limited"	Liability Company	, "L.L.C.," or "LLC.")			
						•
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Limited	Liability Company is:			
<u>Princi</u>	oal Office Address:		Mailing Address	<u>ş</u> :		
295 Madison Avenue, 2nd Floor 295 Madison Avenu		Madison Avenue, 2nd Floor	r			
New York, New Yo	rk 10017	New	York, New York 10017			
The second of th						
ARTICLE III - Registered Ag	gent, Registered Office, &	k Registered Age	nt's Signature:			
(The Limited Liability Compan	y cannot serve as its own l	Registered Agent.		idual o	r	
another business entity with an	active Florida registration	1.)				
The name and the Florida street	address of the registered	agent are:				
	Corporation Service C	Company				
		Name				
	1201 Hays Street					
	Florida street address	(P.O. Box NOT a	cceptable)			
	Tallahassee, FL 3230	1				
	City	State	Zip			
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the c	e, I hereby accept the appo provisions of all statutes re	intment as register lating to the prope as registered agent	ed agent and agree to act in r and complete performance as provided for in Chapter 6	this cap of my d 05, F.S.	pacity. I uties, and	I
	11	1 Company			Zende	
	By: Register	ned Agent's Signa	ture (REQUIRED)	. Vice	Presid	ent
	<i>5</i> •	2 3	, ,			
		(CONTINUED)				

Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Scott Massev MGR 2020 Ponce De Leon Blvd., Suite 1005-A Coral Gables, Florida 33134 MGR Philip Pilevsky 295 Madison Avenue, 2nd Floor New York, New York 10017 Seth Pilevsky MGR 295 Madison Avenue, 2nd Floor New York, New York 10017 (Use attachment if necessary) \_. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robyn Tuerk, Authorized Representative

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)

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