

| (Requ                        | estor's Name)  | · · · · · · · · · · · · · · · · · · · |
|------------------------------|----------------|---------------------------------------|
|                              |                |                                       |
| (Addre                       | ess)           |                                       |
|                              |                |                                       |
| (Addre                       | ess)           | ····                                  |
|                              |                |                                       |
| (City/S                      | State/Zip/Phon | e #)                                  |
|                              |                |                                       |
| PICK-UP                      | MAIT           | MAIL                                  |
|                              |                |                                       |
| (Busin                       | ess Entity Na  | me)                                   |
| ·                            | •              | •                                     |
| (Docu                        | ment Number    | · · · · · · · · · · · · · · · · · · · |
| ,                            |                | ,                                     |
| Certified Copies             | Certificate    | s of Status                           |
|                              | oci anouto.    | o or otatas                           |
|                              | <u>.</u>       |                                       |
| Special Instructions to Fili | ng Officer:    |                                       |
|                              |                |                                       |
|                              |                |                                       |
|                              |                |                                       |
|                              |                |                                       |
|                              |                |                                       |
|                              |                |                                       |
|                              |                |                                       |

Office Use Only

M. MOON JUN 2 7 2017



000300370970

BEPARTER TO THE PARTER TO THE

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 700292 COST LIMIT : ORDER DATE: June 26, 2017 ORDER TIME : 3:51 PM ORDER NO. : 700292-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 40 YRS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_ 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   | - <del>2</del> 2 |
|----------------|---|------------------|
| SUBJE          | 40 YRS, LLC   | 80               |
| SUBJE          | Name of Limited Liability Company   |                  |
| The en         | closed Articles of Organization and fee(s) are submitted for filing.  |                  |
| Please         | return all correspondence concerning this matter to the following:  |                  |
|                | Kimberly J. Taylor  | _                |
|                | Name of Person  | _                |
|                | Benderson Development Company, LLC  |                  |
|                | Firm/Company  | -                |
|                | 7978 Cooper Creek Blvd  |                  |
|                | 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 fu         | ther information concerning this matter, please call:   |                  |
|                | erly J. Taylor 941 360-7259   |                  |
|                | Name of Person Area Code Daytime Telephone Number   |                  |
| Enclos         | ed is a check for the following amount:   |                  |
| <b>\$</b> 125. | 10 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |                  |
|                | Mailing Address Street/Courier Address  |                  |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limit  | ed Liability Company is:  |   |
|---|---|---|
| 40 YRS, LLC   |   |   |
| (   | Must end with the words "Limi   | ited Liability Company, "L.L.C.," or "LLC.")  |
| ARTICLE 11 - Addre<br>The mailing address at  |   | al office of the Limited Liability Company is:  |
| Principal Office Add  | ress: M   | ailing Address:   |
|   |   |   |
| 7978 Cooper Creek<br>University Park, Flo   |   | 7978 Cooper Creek Blvd University Park, Florida 34201   |
| University Park, Flo  ARTICLE III - Regis (The Limited Liability another business entit | rida 34201 stered Agent, Registered Offi  | University Park, Florida 34201  cc, & Registered Agent's Signature: ovn Registered Agent. You must designate an individual ation.)                    |
| University Park, Flo  ARTICLE III - Regis (The Limited Liability another business entit | stered Agent, Registered Offi<br>Company cannot serve as its only with an active Florida registr  | University Park, Florida 34201  cc, & Registered Agent's Signature: ovn Registered Agent. You must designate an individual ation.)                    |
| University Park, Flo  ARTICLE III - Regis (The Limited Liability another business entit | stered Agent, Registered Offi<br>Company cannot serve as its o<br>y with an active Florida registr<br>rida street address of the registe<br>Kimberly J. Taylor  | University Park, Florida 34201  cc, & Registered Agent's Signature: ovn Registered Agent. You must designate an individual ation.)                    |
| University Park, Flo  ARTICLE III - Regis (The Limited Liability another business entit | stered Agent, Registered Offi<br>Company cannot serve as its o<br>y with an active Florida registr<br>rida street address of the registe<br>Kimberly J. Taylor  | University Park, Florida 34201  ce, & Registered Agent's Signature:  over Registered Agent. You must designate an individual ation.)  ered agent are: |
| University Park, Flo  ARTICLE III - Regis (The Limited Liability another business entit | stered Agent, Registered Offi<br>Company cannot serve as its o<br>y with an active Florida registr<br>rida street address of the registe<br>Kimberly J. Taylor  | University Park, Florida 34201  ce, & Registered Agent's Signature: oven Registered Agent. You must designate an individual ation.)  cred agent are:  |
| University Park, Flo  ARTICLE III - Regis (The Limited Liability another business entit | stered Agent, Registered Offi<br>Company cannot serve as its of<br>y with an active Florida registration of the | University Park, Florida 34201  ce, & Registered Agent's Signature: oven Registered Agent. You must designate an individual ation.)  cred agent are:  |

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 605, F.S..

17 10126 his 8:08

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

| AMBR" = Authorized Member  | Name and Address:   |
|--|---|
| Authorized Method  |   |
| MGR" = Manager   |   |
| MGR  | David H. Baldauf  |
|  | 7978 Cooper Creek Blvd  |
|  | University Park, Florida 34201  |
| MGR  | Randall Benderson   |
|  | 7978 Cooper Creek Blvd  |
|  | University Park, Florida 34201  |
|  |   |
|  |   |
|  |   |
|  | •   |
| ***  | •   |
| Use attachment if necessary)   |   |
|  | ific and cannot be more than five business days prior to or 90  |
| f filing.)   | inc and camor be more than five business days prior to or ye  |
| f filing.)   | inc and camor be more than tive business days prior to or 20  |
| f filing.) E VI: Other provisions, if any.   | and cannot be more than tive business days prior to or zo   |
| f filing.) EVI: Other provisions, if any.  | A L   |
| Filing.) E. VI: Other provisions, if any.  REQUIRED SIGNATURE:   | 4   |
| Tilling.) E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  | ber or an authorized representative of a member.  |
| E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und  | ther or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.   |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und I am aware that any false info  | ther or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.   |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und I am aware that any false info  | ther or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.   |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo  | ther or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  Immation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)  Manager   |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo  | ther or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  Immation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  |
| REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo  David H. Baldauf,   | ther or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true.  Immation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  Manager Typed or printed name of signee  Filing Fees:  |
| Filing.) E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo  David H. Baldauf, | ber or an authorized representative of a member, 15.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, the symmetric |

Page 2 of 2

17 JUNE 25 ATT 8: 89