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MAY 11 2018 T SCHROEDER Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 2027,44 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: May 10, 2018 ORDER TIME : 3:08 PM ORDER NO. : 202744-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 2800 UP, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

1201 Hays Street

COVER LETTER

10:	Division of Corporations	
CHDIE	2800 UP, LLC	
SUBJE		me of Limited Liability Company
The encl	losed Articles of Organization and	i fee(s) are submitted for filing.
Please n	eturn all correspondence concerni	ng this matter to the following:
	Kim Taylor	
		Name of Person
	Benderson Development C	Company, LLC
		Firm/Company
	7978 Cooper Creek Blvd	
		Address
	University Park, Florida 34	201
	toudanaton t©ha-dana	City/State and Zip Code
	taxdepartment@benderso E-mail a	address: (to be used for future annual report notification)
For furt	her information concerning this m	atter, please call:
Kim Ta	aylor	941 360-7259 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amo	ount:
٦	Filing Fee \$130.00 Filing Certificate of	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	ed Liability Company is:		
2800 UP, LLC			
(:	Must end with the words "	'Limited Liability Company, "L.L.C.," c	or "LLC.")
ARTICLE II - Addre The mailing address ar		incipal office of the Limited Liability Co	ompany is:
Principal Office Addi	ress:	Mailing Address:	
7978 Cooper Creek University Park, Flor		7978 Cooper Creek Blvd University Park, Florida 3	4201
(The Limited Liability		Office, & Registered Agent's Signatus its own Registered Agent. You must degistration.)	
The name and the Flor	ida street address of the re	egistered agent are:	
	Alicia H. Gayton		
		Name	
	7978 Cooper Creek B	Blvd	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	University Park,	FL 34201	
	City	Zîp	
the place designate capacity. I further a	ed in this certificate, I here egree to comply with the pr am familiar with and acce By: Ula Registered Ageh	the above structure of process for the above structed by accept the appointment as registered avisions of all statutes relating to the properties of the obligations of my position as regis Chapter 605, F.S	agent and agree to act in this sper and complete performance
	(CC	ONTINUED)	A SE

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1

<u>litle:</u>	Name and Address:
AMBR* = Authorized Member	
MGR" = Manager	
MGR	David H. Baldauf
	7978 Cooper Creek Blvd
	University Park, Florida 34201
MGR	Shaun Benderson
	7978 Cooper Creek Blvd
	University Park, Florida 34201
MGR	Stephen C. Scalione
	7978 Cooper Creek Blvd
	University Park, Florida 34201
	
Use attachment if necessary)	
Use attachment if necessary)	ALL CONTINUES (OPTIONAL)
V: Effective date, if other than	the date of filing: (OPTIONAL)
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