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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: June 13, 2018 ORDER TIME : 5:19 PM ORDER NO. : 255319-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: BUFFALO PIKE ASSOCIATES, 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**

TO:	Registration Section Division of Corporations	
SUBJE	Buffalo Pike Associates, LLC	
SUBJE		ed Liability Company
The end	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this matt	er to the following:
	Kim Taylor	
		Name of Person
	Benderson Development Company, I	LC
		Firm/Company
	7978 Cooper Creek Blvd	
		Address
	University Park, Florida 34201	
	City	//State and Zip Code
	taxdepartment@benderson.com	L
	E-mail address: (to	be used for future annual report notification)
For fur	orther information concerning this matter, please	call:
Kim T	Taylor 94	1 360-7259
-		ea Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
<b>s</b> 125.0	.00 Filing Fee \$\bigsim \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

AKTICLESOFORGANIZATIO	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Buffalo Pike Associates, LLC	
<del></del>	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7978 Cooper Creek Blvd	7978 Cooper Creek Blvd
University Park, Florida 34201	University Park, Florida 34201
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region of the regio	its own Registered Agent. You must designate an individual or gistration.)
Alicia H. Gayton	gistered agent are.
ywold til. Goyton	Name
7978 Cooper Creek Bi	ivd
<del></del>	P.O. Box NOT acceptable)
University Park,	F1 34201
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the proof my duties, and I am familiar with and accept By:    By:     Registered Agent	ccept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this positions of all statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter 605, F.S  's Signature (REQUIRED)
·	$oldsymbol{eta}_{\mathcal{L}_{\mathcal{L}}}$
r	FILED  18 JUNIL AM 8: 58 SECRETARY OF STATE ALLAHASSEE FLORIDA ES

Title:	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	
MOI!	7978 Cooper Creek Blvd	
	University Park, Florida 34201	
	Shive only 1 driv, 110 hdd 04201	
(Use attachment if necessary)		
	e of filing: (OPTIONAL)	
f filing.)	ecific and cannot be more than five business days prior to or 90 da	ys a
of filing.)	A .	ys # 
E VI: Other provisions, if any.	A A	ys a
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	/ /	ys a
E VI: Other provisions, if any.  REQUIRED SIGNATURE:		ys a
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of Angel	ember or an authorized representative of a member.	
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document	
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section constitutes an affirmation u	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.	
Signature of a me  (In accordance with section used to a management of a me)  (In aware that any false in	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document	
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