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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 463041 AUTHORIZATION : COST LIMIT : ORDER DATE: October 29, 2018 ORDER TIME : 3:18 PM ORDER NO. : 463041-010 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 5305 APR, 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

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	5305 APR, LLC	
SUBJECT.	Name of Lin	ited Liability Company
The enclosed	Articles of Organization and fee(s) an	e submitted for filing.
Please return	all correspondence concerning this ma	ntter to the following:
H	Kim Taylor	
-		Name of Person
E	Benderson Development Company	LLC
_		Firm/Company
7	7978 Cooper Creek Blvd	
_		Address
l	University Park, Florida 34201	
_	C	ity/State and Zip Code
: 	taxdepartment@benderson.com	o be used for future annual report notification)
		·
For further in	nformation concerning this matter, plea	ise call:
Kim Taylor		41 360-7259)
		Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
\$125.00 Fili	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallaliassee F1 32314	2661 Executive Center Circle

Tallahassee, FL 32301

AICICLESOFO	RGANIZATION FOR F	LORIDA LIMITED LIA	BILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
5305 APR, LLC				
	th the words "Limited	Liability Company, "L	L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal of	ffice of the Limited Lia	bility Company is:	
Principal Office Address:	<u>Mailir</u>	ag Address;		
7978 Cooper Creek Blvd		7978 Cooper Cre	ek Blvd	
University Park, Florida 34201		University Park, F		
			· · · - · · - · ·	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ad	aunot serve as its own ive Florida registration	Registered Agent, You n.)		individual or
Alicia H.	Gayton			
	Name			
7978 Cod	per Creek Blvd			
- 	reet address (P.O. Box	(NOT acceptable)		
Universi				
***************************************	City	FL 34201 Zip		
Having been named as registered the place designated in this cer capacity. I further agree to com of my duties, and I am familiar By: Re	tificate, I hereby acceptly with the provisions with and accept the ob-	of the appointment as re- of all statutes relating to ligations of my position of the ONIRED) OED)	gistered agent and a to the proper and con	gree to act in this nplete performance

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authorized representative of a member.
(b), Florida Statutes, the execution of this document
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(b). Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.) lager
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