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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Hume)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			

Office Use Only



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2020 JUL 30 AH 9: 27

N CULITY JUL 3 1 / 1 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 371986 /7448543 AUTHORIZATION : COST LIMIT : \$125.00 ORDER DATE : July 30, 2020 ORDER TIME : 12:09 PM ORDER NO. : 371986-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 16199 BFR I, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION

___ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFICATE OF GOOD STANDING

XX ARTICLES OF ORGANIZATION

CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	16199 BFR I, LLC
SUBUL	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kim 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 fur	ther information concerning this matter, please call:
Kim T	aylor 941 360-7259
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
]\$ 125.0	0 Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6232

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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TALL	HASSEE	SIALE
	: impostE	. FI

(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	<u> Mailing Address:</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Alicia H. Gayton			
N:	me		
7978 Cooper Creek Blvd			
Florida street address (P.O. Box NOT acceptable)			
University Park,	FI. 34201		
City	Zin		

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. Thereby 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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REDUIRED)

Alicia H. Gayton

(CONTINUED)

Page I of 2

AR	LICFI	E IV	
The	name	and	į

address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR David H. Baldauf 7978 Cooper Creek Blvd University Park, Florida 34201 SECRETARY OF STA MGR Shaun Benderson 7978 Cooper Creek Blvd University Park, Florida 34201 MGR Stephen C. Scalione 7978 Cooper Creek Blvd University Park, Florida 34201 ڣ (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ ___. (OPTIONAL) (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.) ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

David H. Baldauf, Manager

Typed or printed name of signce

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)