L20000360905

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

Office Use Only



200355567272

C RICO NOV 2 + 2020



RECEIVED

2020 NOV 24 PM 2:53

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301

| allias | ssee, ru | 323UI | |
|--------|-------------------|-------|--|
| hone: | 850 - 558- | 1500 | |
| | | | |
| | | | |

AUTHORIZATION :

ACCOUNT NO. : I2000000195

REFERENCE: 526732 7448543

COST LIMIT : \$\(\inf{1}\)25\(\cdot{0}\)0

ORDER DATE: November 23, 2020

ORDER TIME : 12:12 PM

ORDER NO. : 526732-005

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: 7978 CCB 11, LLC

EFFECTIVE DATE:

| | ARTICLES | $_{ m OF}$ | INC | CORPORATI | ION |
|----|-----------|------------|-----|-----------|-------------|
| | CERTIFICA | ATE | OF | LIMITED | PARTNERSHIP |
| XX | ARTICLES | OF | ORC | GANIZATIO | NC |

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY ___ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 629 68

EXAMINER'S INITIALS:

COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|--|
| SUBJE | 7978 CCB 11, LLC |
| 50551 | Name of Limited Liability Company |
| The end | closed Articles of Organization and fee(s) are submitted for filing. |
| Please i | 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 furt | ther information concerning this matter, please call: |
| Kim Ta | aylor 941 360-7259 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclose | ed is a check for the following amount: |
| \$125.0 | O Filing Fee \$\bigs\tag{\text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\frac{130.00 Filing Fee & Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}}\$ |
| | M-211 Addison |

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: |
|---|
| The name of the Limited Liability Company is: |
| |
| 7978 CCB 11. LLC |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: |
| The mailing address and street address of the principal 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 Office. & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of nother business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| Alicia H. Gayton |
| Name |
| 7978 Cooper Creek Blvd |
| Florida street address (P.O. Box NOT acceptable) |
| University Park, FL 34201 |

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

Zip

νX

Rv-

Registered Agent's Signature (REQUIRNO)

City

(CONTINUED)

Page Fof 2

| <u>Fitle:</u> AMBR" = Authorized Member | Name and Address: |
|--|---|
| ANTIN — Addionized Melliber | |
| MGR" = Manager | |
| MGR | David H. Baldauf |
| | 7978 Cooper Creek Blvd |
| | University Park, Florida 34201 |
| | Chirology Falls, Frontag 6426 1 |
| MGR | Shaun Benderson |
| | 7978 Cooper Creek Blvd |
| | University Park, Florida 34201 |
| | Offiversity Fairt, Florida 04201 |
| MGR | Stephen C. Scalione |
| | 7978 Cooper Creek Blvd |
| | University Park, Florida 34201 |
| | University mark, monda 34201 |
| | |
| | |
| | |
| | |
| V: Effective date, if other than the date etive date is listed, the date must be sp | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9 |
| Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be spariling.) EVI: Other provisions, if any. | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 |
| CV: Effective date, if other than the date etive date is listed, the date must be sportfilling.) | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 |
| EV: Effective date, if other than the date ctive date is listed, the date must be sport filing.) | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the date entire date is listed, the date must be sportfiling.) VI: Other provisions, if any. | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the date etive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: | ecific and cannot be more than five business days prior to or 90 |
| CV: Effective date, if other than the date etive date is listed, the date must be sponding.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section) | ecific and cannot be more than five business days prior to or 90 mber or an authorized representative of a member. |
| V: Effective date, if other than the date etive date is listed, the date must be specifiling.) VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u | ecific and cannot be more than five business days prior to or 90 mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. |
| V: Effective date, if other than the date etive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in | ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State |
| V: Effective date, if other than the date etive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in | ecific and cannot be more than five business days prior to or 90 mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. |
| Signature of a me (In accordance with section used and accordance with section used and aware that any false in constitutes a third degree for | ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) |
| Signature of a me (In accordance with section used and accordance with section used and aware that any false in constitutes a third degree for | ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) |
| CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) CVI: Other provisions, if any. Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for | ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) |
| V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for | ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) |