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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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CORETARY OF STATE

021 SEP -7 PH 12: 41

2021 SEP - 7 AM II: 34

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 989425 AUTHORIZATION: Spelle Ran COST LIMIT : \$ 125.00 ORDER DATE: September 7, 2021 ORDER TIME : 11:03 AM ORDER NO. : 989425-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: 7978 CCB 27, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
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: Eyliena Baker - EXT.

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	7978 CCB 27, LLC		
SUBJE		of Limited Liability Company	
The end	closed Articles of Organization and fe	e(s) are submitted for filing.	
Please 1	return all correspondence concerning	this matter to the following:	
	Kim Taylor		
		Name of Person	
	Benderson Development Com	npany, LLC	
		Firm/Company	
	7978 Cooper Creek Blvd		
		Address	
	University Park, Florida 34201		
	taxdepartment@benderson.co	City/State and Zip Code	
	•	ess: (to be used for future annual report notification)	
For furt	her information concerning this matte	r, 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 amount	:	
\$ 125.00	O Filing Fee \$130.00 Filing Fee Certificate of Stat		atus &
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2021 SEP -7 PH12: 41

SECRETARY OF STATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYALLAMASSEE, FL

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
7978 CCB 27, 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 pri-	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 repairs and the Florida street address of the re-	its own Registered Agent. You must designate an individual or gistration.)
Alicia H. Gayton	
	Name
7978 Cooper Creek B	lvd
Florida street address (F	P.O. Box NOT acceptable)
University Park,	24201
	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, I hereby 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..

Registered Agent's Signature (REQUIRED)
Alicia H. Gayton

(CONTINUED)

Page 1 of 2

"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	
effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day.	s after
CLE V: Effective date, if other than the da effective date is listed, the date must be stee of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day.	s after
CLE V: Effective date, if other than the da effective date is listed, the date must be site of filing.)	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day.	s after
CLE V: Effective date, if other than the da effective date is listed, the date must be sate of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day.	s after
CLE V: Effective date, if other than the date effective date is listed, the date must be attended in the effective date is listed, the date must be attended in the effective date. CLE VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day.	s after
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CLE V: Effective date, if other than the da effective date is listed, the date must be state of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with sectio	nember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document	- - -
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnitude of the constitutes an affirmation	nember or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document	- - -
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation I am aware that any false	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	- - -
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a management of the constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	- - -
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The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

ARTICLE IV-

Title:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)