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29) OFF COMPANY TO STATE OF THE STATE OF THE

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I20000000195 REFERENCE: 011462 AUTHORIZATION : [COST LIMIT : ORDER DATE: September 16, 2021 ORDER TIME : 2:14 PM ORDER NO. : 011462-005 CUSTOMER NO: 7448543 DOMESTIC FILING NAME: RON-BEN ASSOCAITES, 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: Eyliena Baker - EXT.

1201 Hays Street

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Ron-Ben Associates, LLC	
5020001	Name of Lin	nited Liability Company
The enclose	ed Articles of Organization and fee(s) ar	e submitted for filing.
Please retur	rn all correspondence concerning this ma	atter to the following:
	Kim Taylor	•
		Name of Person
	Benderson Development Company	LLC
		Firm/Company
	7978 Cooper Creek Blvd	
	• • • • • • • • • • • • • • • • • • • •	- Address
	University Park, Florida 34201	
	Ci	ty/State and Zip Code
	taxdepartment@benderson.com	
		be used for future annual report notification)
For further i	information concerning this matter, plea-	se call:
Kim Taylor	g,	41 360-7259
		rca Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$125.00 Fili		\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations

P.O. Box 6327 Tailahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Ron-Ben Associa			
	(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress.		
		cipal office of the Limited Liability Company is:	
Principal Office A			
Timeipai Onice A	duress.	Mailing Address:	
7978 Cooper Cre	<u> </u>	7978 Cooper Creek Blvd	
University Park, F	Florida 34201	University Park, Florida 34201	
[The Limited Liabi]	lity Company cannot serve as i	Diffice, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.)	
(The Limited Liabil another business er	egistered Agent, Registered Clity Company cannot serve as intity with an active Florida registerida street address of the registeria H. Gayton	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.) istered agent are:	7421 SEF
(The Limited Liabil another business er	lity Company cannot serve as intity with an active Florida regularity with an active Florida regularity at the regularity.	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an indistration.) iistered agent are:	Zez SEF I b
(The Limited Liabil another business er	lity Company cannot serve as intity with an active Florida regularity with an active Florida regularity at the regularity.	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.) gistered agent are:	Z#ZISEFI6 FM
(The Limited Liabil another business er	lity Company cannot serve as intity with an active Florida registroida street address of the registroida H. Gayton 7978 Cooper Creek Bly	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.) gistered agent are:	Section 19 1282
(The Limited Liabil another business er	lity Company cannot serve as intity with an active Florida registroida street address of the registroida H. Gayton 7978 Cooper Creek Bly	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.) pistered agent are:	ZHZI SEF IO FM

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.

By:

Registered Agent's Signature (REQUIRED)

Alicia H. Gayton

(CONTINUED)

Page 1 of 2

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
MCB	Observa O. O. II
MGR	Stephen C. Scalione
	7978 Cooper Creek Blvd
	University Park, Florida 34201
	
E V: Effective date, if other than the ective date is listed, the date must be	date of filing: (OPTIONAL) or specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be filling.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) see specific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the ective date is listed, the date must but filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the ective of the ectivation of the ective of the ectivation of the ective of the	member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
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E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation of a surrounding to the constitutes at third degree.	member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this documen on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)