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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/21p/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2021 SEP 24 AM 10: 50

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 032520 7448543
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE : September 24, 2021
ORDER TIME : 2:40 PM
ORDER NO. : 032520-010
CUSTOMER NO: 7448543
DOMESTIC FILING
NAME: PALM RIVER SQUARE ASSOCIATES, 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
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section

Di	vision of Corporations			
SUBJECT:	Palm River Square Associates,	LLC		
JUDJECT.		Limited Liabilio	y Company	
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.	
Please return	π all correspondence concerning this	matter to the f	allowing:	
	Kim Taylor			
		Name of	Person	
	Benderson Development Compa	ny, LLC		
•		Firm/Cor	npany	
	7978 Cooper Creek Blvd			
		Addre	ss	
	University Park, Florida 34201			
	taxdepartment@benderson.com			
	E-mail address	: (to be used fo	r future annual repor	t notification)
For further i	information concerning this matter, p	lease call:		
Kim Taylor		941	360-72 5 9	
	Name of Person	Area Code	Daytime Teleph	one Number
Enclosed is	a check for the following amount: ling Fee \$\int\\$\$130.00 Filing Fee & Certificate of Status	Certific	O Filing Fee & ed Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Fallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 SEF 24 AM 10: 50

ARTICLE I - Name:	SECRETAR
The name of the Limited Liability Company is:	TALLAHA
Palm River Square Associates, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
7978 Cooper Creek Blvd	7978 Cooper Creek Blvd
University Park, Florida 34201	University Park, Florida 34201
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	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, 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..

Zip

City

Registered Agent's Signature (REQUIRED)

Alicia H. Gayton

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	David H. Baldauf	
	7978 Cooper Creek Blvd	
	University Park, Florida 34201	
MGR	Shaun Benderson	<u>;</u>
	7978 Cooper Creek Blvd	₹ 6
	University Park, Florida 34201	FLIAHASSIE, FL
		<u>)</u>
MGR	Stephen C. Scalione	
	7978 Cooper Creek Blvd	<u> </u>
	University Park, Florida 34201	<u> </u>
		اس د
		 = 5
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(Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	date of filing: (OPTION of the specific and cannot be more than five business days	ONAL)
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