L21000444551

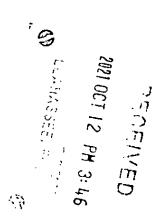
| (Re | equestor's Name) | |
|-------------------------|----------------------|-----------|
| (Åd | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone # | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer. | |
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800373723908

2001 GCT 12 PH to 20
STGTO LODGE CATE



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

ACCOUNT NO.: I20000000195

REFERENCE: 100054 7448543

AUTHORIZATION:
COST LIMIT: \$125.00

ORDER DATE : October 12, 2021

ORDER TIME : 2:16 PM

ORDER NO. : 100054-005

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: NPBP, LLC

EFFECTIVE DATE:

| | ARTICLES OF INCORPORATION | |
|-------------|--|--|
| XX | CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | |
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: | |
| XX | CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT | PERSON: Eyliena Baker - EXT. | |

EXAMINER'S INITIALS:

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|---------|--|---|
| SUBJE | NPBP, LLC | |
| 3000 | | Liability Company |
| The en | enclosed Articles of Organization and fee(s) are sub | omitted for filing. |
| Please | e return all correspondence concerning this matter | to the following: |
| | Kim Taylor | |
| | Na | ame of Person |
| | Benderson Development Company, LLC | C |
| | Fi | rm/Company |
| | 7978 Cooper Creek Blvd | |
| | · · · · · · · · · · · · · · · · · · · | Address |
| | University Park, Florida 34201 | |
| | City/S | tate and Zip Code |
| | taxdepartment@benderson.com | |
| | | used for future annual report notification) |
| For fur | urther information concerning this matter, please ca | all: |
| Kim T | Taylor 941 | 360-7259 |
| | | Code Daytime Telephone Number |
| Enclose | osed is a check for the following amount: | |
| ٦ . | .00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section | Street/Courier Address Registration Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |

Tallahassee, FL 32314

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: | | SECILLIAN OF STATE TALLAMAN SEE, FL |
|--|--|--|
| NPBP, LLC | | |
| (Must end with the words "Limit | ted Liability Company, "L.L.C.," or "LL | .C.") |
| ARTICLE II - Address: The mailing address and street address of the principa | ol office of the Limited Liability Compan | ny is: |
| Principal Office Address: Ma | ailing Address: | |
| 7978 Cooper Creek Blvd University Park, Florida 34201 | 7978 Cooper Creek Blvd University Park, Florida 34201 | |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registra | wn Registered Agent. You must designa | te an individual or |
| The name and the Florida street address of the register | red agent are: | |
| Alicia H. Gayton | | |
| Na | me | |

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 \$\theta(0.5, F.S.).

By:

' '

Registered Agent's Signature (REQUIREX

Florida street address (P.O. Box NOT acceptable)

Alicia H. Gayton

7978 Cooper Creek Blvd

University Park,

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| MGR = Manager | 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 |
| | |
| | |
| | |
| | <u> </u> |
| (Use attachment if necessary) | |
| (Use attachment if necessary) | |
| E V: Effective date, if other than the dat | te of filing: |
| E V: Effective date, if other than the datective date is listed, the date must be s | te of filing: (OPTIONAL) (OPTIONAL) pecific and cannot be more than five business days prior to or 90 c |
| E V: Effective date, if other than the dat | te of filing: |
| E V: Effective date, if other than the datective date is listed, the date must be s | te of filing: (OPTIONAL) = pecific and cannot be more than five business days prior to or 90 c |
| E V: Effective date, if other than the datective date is listed, the date must be sof filing.) | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 g |
| E V: Effective date, if other than the datective date is listed, the date must be sof filing.) | te of filing: |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. | te of filing: |
| E V: Effective date, if other than the datective date is listed, the date must be sof filing.) | te of filing: |
| EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: | pecific and cannot be more than five business days prior to or 90 g |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a must be soft in accordance with section constitutes an affirmation | nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. |
| E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnification of | nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document |

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)