L23000 369754

(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 F	Filing Officer:	

Office Use Only



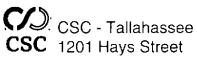
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OPECATORS CTRICE

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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 08/07/23 Order #: 1245138-1

Re: FL Turnpike Associates 13, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: Lax Laceman

120000000195

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	New Filing Sec Division of Co.				
SUBJECT		ke Associates 13, LLC			
SUBJEC		Name of	Limited Lia	bility Company	
The enclo	sed Articles of	Organization and fee(s) are submit	ted for filing.	
Please ren	urn all corresp	ondence concerning thi	s matter to th	e following:	
	Kim Taylor				
			Name	of Person	
	Benderson I	Development Company	, LLC		
			Firm/	Company	
	7978 Coope	r Creek Blvd.			
			Ad	ldress	
	University P	ark, Florida 34201			
	tavdenartmen	t@benderson.com	City/State	and Zip Code	<u> </u>
			used for futur	e annual report notificat	tion)
For further	information co	ncerning this matter, pl	lease call:		
	Kim Taylor	al	941	359-8303	
	Nam	e of Person	Area Code	Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amount:			
) Filing Fee	□\$130.00 Filing Fe Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations iox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:		
FL Turnpike Associates		iahilitu Campany	, "L.L.C.," or "LLC.")
(Must conatin	the words Limited I	Liability Company	, L.L.C., or LLC.)
ARTICLE II - Address: The mailing address and street address	ess of the principal of	ffice of the Limited	d Liability Company is:
Principal (Office Address:		Mailing Address:
7978 Cooper Creek Blve	d.	797	8 Cooper Creek Blvd
University Park, FL 342	01	Uni	versity Park, FL 34201
_	Alicia H. Gayton 7978 Cooper Creek B	Name	
	Florida street address		acceptable)
			24204
<u>. I</u>	Jniversity Park	FL	34201
<u>. I</u>	Jniversity Park City	State	Zip

(CONTINUED)

2023 Au+ -7 PM 5+1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager	
David H. Baldauf	7978 Cooper Creek Blvd.,
	University Park, FL 34201
Shaun Benderson	7978 Cooper Creek Blvd.,
	University Park, FL 34201
Stephen C. Scalione	7978 Cooper Creek Blvd.,
	University Park, FL 34201
(Use attachment if necessary) E V: Effective date, if other than th	te date of filing: . (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must of filing.)	be date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)