

To:

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2024-04-17 11:24:53 CDT

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From: Avi Weiss

4/17/24, 12:21 PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SPECIALTY BUILDING LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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FILED  
2024 APR 17 AM 9:16  
CORPORATE  
FILING  
DIVISION  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPECIALTY BUILDING LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:****Mailing Address:**

17321 CASTLE RD, FORT MYERS, FL 33967

17321 CASTLE RD, FORT MYERS, FL 33967

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are

BENJAMIN C. NEWBORN

Name

17321 CASTLE RD

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

FORT MYERS

FL

33967

City

State

Zip

*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..*

/s/ BENJAMIN C. NEWBORN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2024 APR 17 AM 9:16  
STATE  
HALL, FLORIDA, FL

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

BENJAMIN C. NEWBORN

17321 CASTLE RD

FORT MYERS, FL 33967

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

/S/ BENJAMIN C. NEWBORN

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S

BENJAMIN C. NEWBORN

Typed or printed name of signee

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CLERK OF THE COURT  
HALL COUNTY, FL