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D	ate:08/20/2	2024	wil Sl	, N
	Acc#I2	20160000072	4.03	۷'
Name:	Fruitland Park Comm	ions LLC		
Document #:				
Order #:	71190945			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				6 LTV 02 5/14 1/202
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Thank you!

COVER LETTER

	New Filing Se Division of Co			
SUBJEC		Park Commons LLC		
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	ited Liability Company	
The encl	osed Articles of	f Organization and fee(s) are	submitted for filing.	
Please re	turn all corresp	ondence concerning this ma	tter to the following:	
	Steven J. Lo	ogo		
			Name of Person	
	Benchmark	St. Andrews Towers Associ	ates Limited Partnership	2021
			Firm/Company	2024 AUG 20 - M1 9: 4: 13. LLAHAS SEEL FL
	4053 Maple	Rd. Suite 200		3 20 %53
			Address	N N
	Amherst, N	Y 14226		9:
	izulawski@bo	Ci enchmarkgip.com	ty/State and Zip Code	Li.
			for future annual report notificat	ion)
or further	information co	oncerning this matter, please	call:	
	Steven Long	o 71		
	Nam	ne of Person Ar	ea Code Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:		
□\$125.0	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section	Street Address New Filing Section D	ivision
	Divisio P.O. B	on of Corporations dox 6327 lassee, FL 32314	The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fruitland Park Co				
(Must c	ontain the words "Limited	1 Liability Company, *	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
4053 Maple Rd. S	uite 200	4053	Maple Rd, Suite 200	
Amherst, NY 142	26	41 -	1371 1 100 /	
			erst, NY 14226	2
ARTICLE III - Registered A	Agent, Registered Office any cannot serve as its ow an active Florida registrati et address of the registere	e, & Registered Agent on Registered Agent. Y ion.)		2024 AUG 20
ARTICLE III - Registered A (The Limited Liability Companion of the business entity with a	Agent, Registered Office any cannot serve as its ow an active Florida registrati	e, & Registered Agent on Registered Agent. Y ion.)	''s Signature:	
ARTICLE III - Registered A (The Limited Liability Companion of the business entity with a	Agent, Registered Office any cannot serve as its ow an active Florida registrati et address of the registere	e, & Registered Agent. Your agent. You agent are: Stem Name Name	''s Signature:	20 1
ARTICLE III - Registered A (The Limited Liability Companion of the business entity with a	Agent, Registered Office any cannot serve as its ow an active Florida registrative address of the registere CT Corporation Sy	e, & Registered Agent. Your agent. You agent are: Stem Name Name	t's Signature: ou must designate an individua	20 MI
ARTICLE III - Registered A (The Limited Liability Companion of the business entity with a	Agent, Registered Office any cannot serve as its ow an active Florida registrative address of the registere CT Corporation Sy	e, & Registered Agent. Your negistered Agent. You negistered Agent. You need agent are: stem Name and Road	t's Signature: ou must designate an individua	20 MI 9:

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 ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

C T Corporation System

By: Stephanie Hencz, Assistant Secretary Stephanie Honey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Benchmark St. Andrews Towers Associates Limited Partnershi	ip
<u> </u>	4053 Maule Rd. Suite 200 Amherst. NY 14226	
		
		<u>:</u>
		 .
(Use attachment if necessary)		; ;
TCLEV: Effective date, if other than the da n effective date is listed, the date must be s	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	r 90 days s
TCLE V: Effective date, if other than the date of filing.) E: If the date inserted in this block does not	tte of filing:	
TCLE V: Effective date, if other than the da n effective date is listed, the date must be s	tte of filing:	
TCLE V: Effective date, if other than the date mest be state of filing.) E: If the date inserted in this block does not document's effective date on the Department.	tte of filing:	
TCLE V: Effective date, if other than the date mest be state of filing.) E: If the date inserted in this block does not document's effective date on the Department.	tte of filing:	
ICLE V: Effective date, if other than the date of filing.) E: If the date inserted in this block does not document's effective date on the Department of th	tte of filing:	not be list

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)