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:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA00000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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.

143 South Beach Road, LLC

Certificate of Status	0
Certified Copy	0
Page Count	भ
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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5/24/2016 2:43:00 PM From: To: 8506176381(2/4)

COVER LETTER

	division of Corporations				
SUBJEC	T: 143 South Beach Road, LLC				
	Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please ref	ern all correspondence concerning this matter to the following:				
	Austin D. Hart				
	Name of Person				
	Dinse, Knapp & McAndrew, P.C. Firm/Company				
	PilitaCompany				
	P.O. Box 988, 209 Battery Street Address				
	Vinital				
	Burlington, Vermont 05402-0988 City/State and Zip Code				
	ahart@dinse.com				
	E-mail address: (to be used for future annual report notification)				
For further	nformation concerning this matter, please call:				
	Nelle P. Jennings at (212) 558-7258				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	s a check for the following amount:				
]\$125.00]	iling Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \end{additional copy is enclosed}				
	Mailing Address Street Address				
	New Filing Section New Filing Section Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

5/24/2016 2:43:00 PM From: To: 8506176381(3/4)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE i - Name:
The name of the Limited Liability Company is

16 MAY 24 AM H: 58

143 South Beach Road, LLC

(Must end with 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 Utilice Address:	(Maining Address:
	c/o Austin D. Hart
209 Battery Street	Dinse, Knapp & McAndrew, P.C.
Burlington, Vermont 05402-0988	P.O. Box 988
	209 Battery Street
	Burlington, Vermont 05402-0988

Mailing Address.

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:

C	T Corporation Syst	em
	Name	
1200	South Pine Island	Road
Florida street addres	s (P.O. Box NOT a	cceptable)
Plantation	Florida	33324
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..

Registered Agent's Signature (RSQUIRED)

(CONTINUED)

Page Lof2

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = ManagerMGR	Austin D. Hart
MIGK	Dinse, Knapp & McAndrew, P.C.
	P.O. Box 988
	209 Battery Street, Burlington, Vermont 05402-0988
Use attachment if necessary)	
: VI: Other provisions, if any.	
. vi. Caler provisions, it mry.	
. v. ouei provisions, it miy.	
REQUIRED SIGNATURE:	•
LEOUIRED SIGNATURE:	r or an authorized representative of a member.
Signature of a membe	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a membe This document is executed in I am aware that any false info	rmation submitted in a document to the Department of State
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