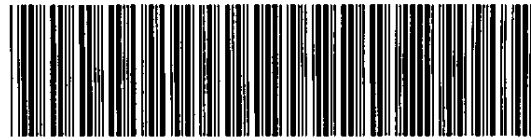


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10/24/16--01015--021 **160.00

(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 Filing Officer:

Office Use Only

N. SAMS
OCT 26 2016

2016 OCT 24 PM 4:41
RECEIVED
WILLIAMSBURG, VA 23187

Alan Matas
P.O. Box 770601
Miami, FL 33177
(786) 412-3598
beachedwhale2016@comcast.net

October 20, 2016

Division of Corporation
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Division of Corporation:

I am enclosing a check for \$160.00 for costs to incorporate my company, Beached Whale 2016, LLC.

I have also enclosed the application and if there are questions, please call me at (786) 412-3598.

Sincerely,



Alan Matas

Enclosure

2016 OCT 24 PM 12:41
SECTION 2000 OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beached Whale 2016, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Matas
Name of Person
27 Pigeon Drive, LLC
Firm/Company
P.O. Box 770601
Address
Miami, FL 33177
City/State and Zip Code
beachedwhale2016@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Matas at (786) 412-3598
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
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:

Beached Whale 2016, 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 Office Address:

27 Pigeon Drive, Key Largo, FL 33037

Mailing Address:

P.O. Box 770601, Miami, FL 33177

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:

Alan Matas

Name

27 Pigeon Drive

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

Key Largo FL 33037

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..

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 OCT 24 PM 12:41

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Alan Matas

P.O. Box 770601

Miami, FL 33177

MGR

Maria Matas

P.O. Box 770601

Miami, FL 33177

(Use attachment if necessary)

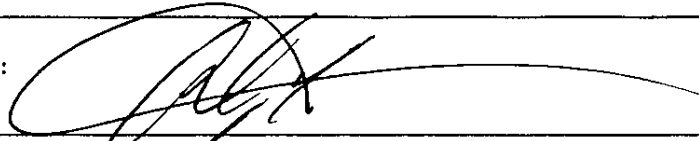
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Alan Matas

Typed or printed name of signee

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)

2016 OCT 24 PM 12:41
SECRETARY OF STATE
FLORIDA