

L21000483430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

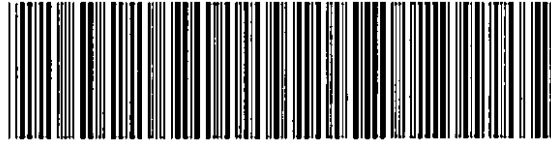
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300376227243

RECEIVED
2021 NOV 12 PM 3:25
Office of
TAL LINDA S. SEC. FLORIDA

2021 NOV 12 PM 4:18

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 125.00
AUTHORIZED SIGNATURE: _____

BEACH PROPERTIES SOBE, LLC

Business Name

Document Number, (if KNOWN)

___ Certified copy of Articles of Incorporation

___ Pick up time _____

___ Certificate of Status

___ Will wait

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ CORP

AMMENDMENTS

___ Amendment

___ Resignation of R.A.

Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Correction

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

XAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BEACH PROPERTIES SOBE, 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:

MARIBEL RAMOS
Name of Person

Firm/Company

19945 SW 89TH AVE
Address

CUTLER BAY, FL 33157
City/State and Zip Code

STARSHIPPROPERTIES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIBEL RAMOS at (786) 335-6091
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACH PROPERTIES SOBE, 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:

19945 SW 89th AVE
CUTLER BAY, FL 33157

Mailing Address:

19945 SW 89th AVE
CUTLER BAY, FL 33157

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:

MANIBEL RAMOS

Name

19945 SW 89th AVE

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

CUTLER BAY FL 33157

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 (REQUIRED)

(CONTINUED)

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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:

MARIBEL RAMOS
19945 SW 89th AVE
CUTLER OAK FL 33157

(Use attachment if necessary)

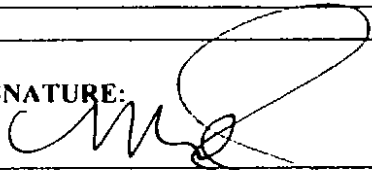
ARTICLE V: Effective date, if other than the date of filing: 11/13/2021 (OPTIONAL)

(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. ALL LAWFUL BUSINESS

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.

MARIBEL RAMOS

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)

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