L13000095517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JUL 05 2013
D. BRUCE

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 07/03/13

REF. #: 8822500

CORP. NAME: 14026 BEACH JACKSONVILLE FL, LLC

( ) ARTICLES OF INCORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION		
( ) OTHER:		

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TALLAHASSEE FLORIDA

STATE FEES PREPAID WITH CHECK# 70004449 **FOR $** 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY	(XX) CERTIFICATE OF GOOD STANDING	( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS		

Examiner's Initials

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 14026 Beach Jacksonville FL, 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:

CRISTIAN J. FERNANDEZ, ESQ
Name of Person

NOBLE MANAGEMENT COMPANY
Firm/Company

4280 PROFESSIONAL CENTER DRIVE, SUITE 100
Address

PALM BEACH GARDENS, FL 33410
City/State and Zip Code

lisa@noblep.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristian J. Fernandez at (561) 966-0070
Name of Person — Area Code & Daytime Telephone Number

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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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration 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:

14026 BEACH JACKSONVILLE FL, 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:	**Mailing Address:**
4280 PROFESSIONAL CENTER DRIVE	SAME
SUITE 100	
PALM BEACH GARDENS, FL 3341	

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.)

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TALLAHASSEE FLORIDA

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

CRISTIAN J. FERNANDEZ, ESQ
Name

4280 PROFESSIONAL CENTER DRIVE, SUITE 110
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33410
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	TRACI L. AMBROSINO 4280 PROFESSIONAL CENTER DRIVE, SUITE 100 PALM BEACH GARDENS, FL 33410
MGR	PAUL FORBERGER 4280 PROFESSIONAL CENTER DRIVE, SUITE 100 PALM BEACH GARDENS, FL 33410

(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.)

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REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

TRACI L. AMBROSINO
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)