

L03000002723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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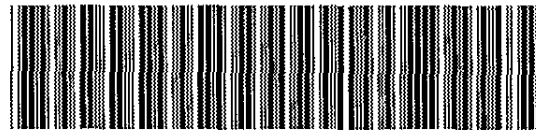
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

03 JAN 22 PM 4:03

RECEIVED



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 902734 7248357

AUTHORIZATION : *Patricia Pijute*

COST LIMIT : \$ 155.00

ORDER DATE : January 22, 2003

ORDER TIME : 12:29 PM

ORDER NO. : 902734-005

CUSTOMER NO: 7248357

CUSTOMER: Ms. Donna Lundy
Salma H. Ahmed

Suite 201
980 Canton Street, Bldg. 2
Roswell, GA 30075

DOMESTIC FILING

NAME: THE INN AT BEACHSIDE L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Inn at Beachside L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

980 Canton Street, Bldg 2
Suite 201
Roswell - GA 30075

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Salma H. Ahmed
Name
2904 Atlantic Ave
Florida street address (P.O. Box NOT acceptable)
Fernandina Beach FL 32034
City, State, and ZipFILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

By: [Signature]

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer

Filing Fees

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 20.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)