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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doct	ument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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CAPITAL CONNECTION, INC.

Lagrandia 1

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

St Andrews Company U	Beach Deve	elopinant	SECRETARY TALLAHASS	- m
			Art of Inc. File	至 0
			Foreign Corp. File	
			Fictitious Name File	-
			Trade/Service Mark Merger File	· · · · · · · · · · · · · · · · · · ·
		\	Art. of Amend. FileRA Resignation	.
			Dissolution / Withdrawal Annual Report / Reinstatement	
			Cert. Copy	
			Certificate of Good Standing Certificate of Status	objective and the second
			Certificate of Fictitious Name Corp Record Search	
			Officer Search	
Signature			Fictitious Search Fictitious Owner Search	
	 2		Vehicle Search Driving Record	a <u>-</u> .
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OF The second se
ARTICLE I - Name:	•
The name of the Limited Liability Company is:	St. Andrews Beach Developmen Company, LLC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Presidential Parkway Suite 1512	
Suite 1512 Atlanta, Ga. 30340	
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
<u>Capital Con</u>	nection Inc
Name	· · · /1 共
HITE, VIVI	O. Box NOI acceptable)
	EL 32305
City, State,	and Zip
	accept service of process for the above stated limited s certificate, I hereby accept the appointment as

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

(CONTINUED)

<u> </u>	Name and Address:
'MGRM" = Maragu	ng Member
Manager	Eleanor [ERRE] 867 GREEN WOOD AVE., N.E.
J	867 GREENWOOD AVE., N.E. Atlanta, Ga. 30306
<u> </u>	
(Use attachment if no	scessary)
NOTE: An additio	nal article must be added if an effective date is requested.
REQUIRED SIGN.	ATURE.
•	Eleaner Terrell
S	ignature of a member or an authorized representative of a member.
Ş	In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury
•	hat the facts stated herein are troo.)
	Typed or printed name of signee
	Filing Fees: \$1,00.00 Filing Fee for Articles of Organization
•	5 25.00 Designation of Registered Agent
	\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)