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(Requestor's Name)
(Address)
(Address)
-
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates_of Status
Special Instructions to Filing Officer:
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IRANS	SWILL IAL LETTER		
TO: Registration Section Division of Corporations			·· · · · · · · · · · · · · · · · · · ·
SUBJECT: Beach Florida (Name of	Investments 3 Limited Liability Company)	3, uc	–
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Piease return all corre	spondence concerning this matt	er to the following:	
Ronald	E. Romano (Name of Person)		. ".
Beach F	lorida Investme (Firm/Company)	ints	
38 Cla	ton Lone, Suit	E 18	
SANTA ROSA	Beach FL (City/State and Zip Code)	32459	. <u>.</u>
For further information concerning this matter,	please call:		
(Name of Person)	at (25) 2 (Area Code & Day	21-9001 vime Telephone Number)	
STREET ADDRESS:	MAII	ING ADDRESS:	FILED L 19 PH 2:22

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Beach Florida Investments 3, UC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
38 Clayton Lone, #18 SAME
38 Clayton Lone, #18 SAME Santa Ros A Beach, FL 32459
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
Ronald E. Romano Name
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
Smh Rosa Beach FLORIDA 32459 City, State, and Zip
wing been named as registered agent and to accept service of process for the above stated limited liability mpany at the place designated in this certificate, I hereby accept the appointment as registered agent and see to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper d 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, Florida Statutes.
Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)