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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SURFUAX PIER 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.			
HARON MEISENHEIMER			
(Name of Person)			
			
(Firm/Company)			
380 13th AVE. N.			_
(Address)	<u></u>		
JACKSONVILLE BEARCH, FL 32250 (City/State and Zip Code)	TALLAHASSEE.	d 40	
(City/State and Zip Code)	AHA	- 9N	i i
For further information concerning this matter, please call.	388	رن.	#9#### " " 7 ##
•	E. FLORII	04 AUG -5 PH 12: 04	, a 3
ARON MEISENHEIMER at (904) 234-0780 (Name of Person) (Area Code & Daytime Telephone Numb	er) $\overline{\mathcal{P}}$	- <u>Q</u>	
	(D)	.j ~	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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:	
SURF JAX PIER LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
380 13th AVE. N	380 13th AVE. N.
JACKSONVILLE BEACH, FL 32250	JACKSONVILLE BOACH FL 32250
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	• •
AARON MEISENHEIMER Name	O4 AUG
380 13th Av∈. N. Florida street address (P.O. Box NO.	AHASSEE, FLORID ORIDA 32250 ORIDA 32250
Jacksonville Beach, FLC City, State, and Zip	ORIDA 32250

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 60B, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
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(Ose attachment in necessary)		I.	
NOTE: An additional article must	be added if an effective date is requested.		
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REQUIRED SIGNATURE:	21/1		
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ordinaring of a member of a	n authorized representative of a member.		
(In accordance with contion A	508.408(3), Florida Statutes, the execution		
(in accordance with Section C	an affirmation under the penalties of perjury		

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)

ARRON MEISENHEIMER
Typed or printed name of signee