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TRANSMITTAL LETTER

SUBJECT: BEACHSIDE & BEYOND PROFESSIONAL SERVICE'S
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jerry Leggett (Name of Person)
BEACHSIDE & BEYOND PROFESSIONAL SERVICE
21404 SUNSET AVE
(Address)
Panama City BEACH, FL 3241.3 (City/State and Zip Code)
For further information concerning this matter, please call:
Terry Leggett at (850) 276-7362 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations

TO:

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

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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:

BEACHSIDE & BEYOND PROFESSIONAL SERVICE'S LL	\subset
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
21404 Sunset Ave. 21404 Sunset Ave	
Panama City BEACH Panama City BEACH	
FLORIDA, 32413 FLURIDA, 32413	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are: Terry C. Leggett Name 21404 Sunset Ave Florida street address (P.O. Box NOT acceptable) Panama City BrachFlorida 32413 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability	

Page 1 of 2 (CONTINUED)

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, Floridg Statutes..

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 MGRA MGRM

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

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)