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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

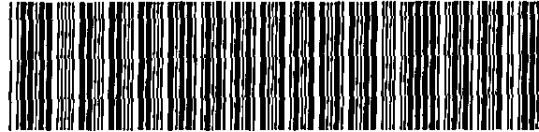
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RECEIVED  
05 APR - 1 PM 12:44  
DIVISION OF CORPORATION

RECEIVED  
05 APR - 1 PM 3:25  
STATE  
TALLAHASSEE, FLORIDA

(CLAUDE R. WALKER, ESQ.)  
HUEY, GUILDAY & TUCKER, P.A.  
P. O. BOX 12500  
TALLAHASSEE, FL 32317-2500

Address

Attn: Julie 224-7091  
City/State/Zip Phone #

FILED  
05 APR - 1 PM 3:25  
TALLAHASSEE, FLORIDA  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BEACH RIDGE, LLC (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

Can we please  
pick these up  
today??

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

Call Julie when ASAT!  
Ready: 224-7091

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION FOR  
BEACH RIDGE, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 APR - 1 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is Beach Ridge, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company are: 1708 Metropolitan Blvd., Tallahassee FL 32308

**Principal Office Address:**

1708 Metropolitan Blvd.  
Tallahassee FL 32308

**Mailing Address:**

1708 Metropolitan Blvd  
Tallahassee FL 32308

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**

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

George F. Grimsley  
1708 Metropolitan Blvd.  
Tallahassee, FL 32308

*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..*

  
\_\_\_\_\_  
GEORGE F. GRIMSLEY

(Continued )  
Page 1 of 2

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

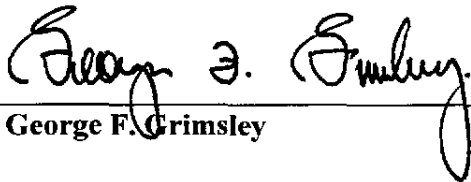
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

George F. Grimsley  
1708 Metropolitan Blvd.  
Tallahassee FL 32308

  
George F. Grimsley

(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.)

FILED  
05 APR - 1 PM 3:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE