## 

(Requestor's Name)				
(Ad	ddress)		<u> </u>	
(Address)				
(Ci	ty/State/Z	ip/Phone	#)	
PICK-UP	·	•	MAIL	
(Business Entity Name)				
(Do	ocument l	Number)		
Certified Copies Certificates of Status				
Special Instructions to	Filing Off	icer:		
Name Availchiffy				
Deedo 318 Examinor	Ç.,			
Upda'er	— Office	Use Only		
Undater Verityer	1. ")			
Acknowledgiment	500			
W. P. Velland				



04/29/05--01015--008 \*\*125.00

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BEACH Suprior (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:			
OSWALD W. HOFFLAR, TV. (Name of Person)			
HAR, LLC			
` (1	Firm/Company)		
1485 SE St. Luie Block			
Stleyt, FL 34996 (City/State and Zip Code)			
For further information concerning this matter, please call:			
OSWAIDW. HOFFLM, Jv. at (772) 283-8355 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
☐ \$125,00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Brach Superior	Cloanors, LLC			
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
1568 NE 165th St.	1485 SE St. Lewis Blad			
North Miani Board, FL 33162	Stuart, FL 34996			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re	egistered agent are:			
OSWAID W. Name	HOFFLOR, J.			
1485 SF St. Luif Blvd Florida street address (P.O. Box NOT acceptable)				
Strevt City, State, as				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.			
Osevaldwal	affel			
Registered Agent's	Signature			

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	DSWALD W. HOFFLER, JV. 1485 SE St. Lewis Blud Stuart, FL 34996	
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:		

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)