Florida Department of State

Division of Corporations Public Access System



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Division of Corporations

Fax Number : (850)205-0383

Account Number : 075350000353 Phone : (212)431-5000

Fax Number : (212)431-3000

LIMITED LIABILITY COMPANY

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

BEACH HAVEN LIMITED LIABILITY COMPANY

Certificate of Status	0
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The name of the I	ame: Limited Liability Con	npany is:			
BEACH HAVEN LII	MITED LIABILITY COM	IPANY	•		
ARTICLE II - A The mailing addre	.ddress: ess and street address	of the principal off	ice of the Limited Liability Comp	any is:	
Principal Office	Address:	Mailing	Address:		
65 GREEN ISLAND WAY DESTIN, FL 32550		SAME AS	SAME AS PRINCIPAL OFFICE ADDRESS		
	Registered Agent, R Florida street addres		Registered Agent's Signature: gent are:		
	JAY M. GEIER	·			
	·	Name			
•	65 GREEN ISLAND				
Florida stre		la street address (P.O. B	et address (P.O. Box <u>NOT</u> acceptable)		
	DESTIN		-		
		FL 3255			
		City, State, and Zip			
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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	
• •	FLINT HOLDINGS FAMILY LIMITED PARTNERSHIP
MGRM	1875 OLD ALABAMA RD., #1220
	ROSWELL, GA 30076
	·
(Use attachment if necessary)	
(Ose attachment in necessary)	
NOTE: An additional article must	be added if an effective date is requested.
THE STATE OF	
REQUIRED SIGNATURE:	
- Landerson - Land	
Signature of a membe	er or an authorized representative of a member.
(In accordance with sa of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)
FLINT HOLDINGS	FAMILY LIMITED PARTNERSHIP
JAY M. GEIE	R, GENERAL PARTNER
Filing Fees:	<u>:</u>
MARION PILLA PAR San Antique of Owner	mission and Projection

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of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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