

L 05000064585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

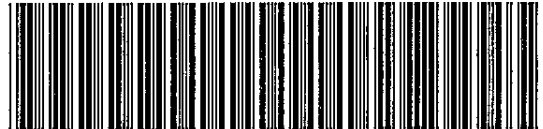
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05 JUN 29 PM 4:34  
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05 JUN 29 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 457291 4311837

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 125.00

ORDER DATE : June 29, 2005

ORDER TIME : 2:36 PM

ORDER NO. : 457291-005

CUSTOMER NO: 4311837

CUSTOMER: Kelly Shea  
Wilmer Cutler Pickering Hale  
And Dorr Llp  
10th Floor  
1455 Pennsylvania Avenue, N.w.  
Washington, DC 20004

FILED  
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DOMESTIC FILING

NAME: BEACH FRONT VENTURES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Beach Front Ventures, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

560 Herndon Parkway

Suite 210

Herndon, Virginia 20170

**Mailing Address:**

560 Herndon Parkway

Suite 210

Herndon, Virginia 20170

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, Florida 32301

City, State, and Zip

*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..*

Corporation Service Company

Deborah D. Skipper

Registered Agent's Signature

**Deborah D. Skipper**  
**Asst. V. Pres.**

(CONTINUED)

**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

Andrew J. Czekaj

560 Herndon Parkway, Suite 210

Herndon, Virginia 20170

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



as Trustee of Julian Andrew Czekaj Realty Trust

**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.)

Julian Andrew Czekaj Realty Trust By: Steven S. Snider, Trustee

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)**