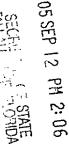
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		digh
	Office Use Only	- KD



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TO: Registration Section Division of Corporations	
SUBJECT: BEACHS ID (Name of	E 101 LLC Limited Liability Company)
The enclosed Articles of Organization and fee(s	s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Benisa	(Name of Person)
Albertelli	+ ASOCIATES, P.L. (Firm/Company)
<u>595 3</u>	Federal Hwy, Ste 130 (Address)
Boca 1	City/State and Zip Code) please call:
For further information concerning this matter,	please call:
Benisa Levin (Name of Person)	at (SO1) 391-3277 STR
Enclosed is a check for the following amou	nt:
□ \$125.00 Filing Fee □ \$130.00 Filing For Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

TRANSMITTAL LETTER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	S:
BEACHSIDE 10	LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
7740 COURMARD RUNW.	_ 7740 Courtyard Run W
BOCa Raton, FL 33432	BUCA Paton, FL 33472
	•
	-

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	05 SE	
The name and the Florida street address of the registered agent are:		
Albertelli + Associates, P.L.	2	
Name	H	
595 S. Federal Hwy, Ste 130 Forda street address (P.O. Box NOT acceptable)	2:07	
Boca Raton FL 33432 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..

Registered Agent's Signature

(CONTINUED)

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	_
marm	Benisa Levin
1119101	7740 Courtyard Run Wa
	Buca Paten, FL 33433
	(50 CA FAIDH: FE 3313)
MGRM	David Cohn
	1461 E. Bexten Park DR.
	Delray Barach, FL 33445
2014.2	74
MURM	Damara Cohn
	1461 E Bekley Park Dr. Delran Beach, FL 33445
	THE MAY ISLACH. FL 33441
(Use attachment if necessary)	
	7° 0
CLE V: Effective date, if other than th	
	be specific and cannot be more than five business days p
0 days after the date of filing.)	
REQUIRED SIGNATURE:	PM 2: 07 PLORIDA
REVUINED SIGNATURE.	
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(K	
Signature of a memb	per or an authorized representative of a member.
- (per or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution
(In accordance with so of this document cons	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
(In accordance with so of this document constant that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
(In accordance with so of this document consthat the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
(In accordance with so of this document consthat the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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)