:			-
(Red	questor's Name)		
(Add	iress)	<u></u>	
(Add	dress)		
(City	y/State/Zip/Phone	#)	
PICK-UP	TIAW [MAIL	
(Bu	siness Entity Nam	e)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		1/20	
	Office Use Onl	$\sqrt{1}$	/



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	(Name of Limited Liability Company)
The en	osed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Andrew D. Schwartz (Name of Person)
	(Name of Person)
	Beach to Bay Appraisa Group
	(Firm/Company)
	P.O. Box 47051 (Address)
	(Address)
	ST. Petersburg, FL 33743 (City/State and Zip Code)
	(City/State and Zip Code)
	ner information concerning this matter, please call:
<u>A</u>	Schwartz at 727 686-6130 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	ed is a check for the following amount:
□ \$12	00 Filing Fee \$\sum \\$130.00 Filing Fee \& _ \\$155.00 Filing Fee \& _ \\$160.00 Filing Fee, \\ Certificate of Status \\ (additional copy is enclosed) \\ (additional copy is enclosed) \\ (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

The state of the s

D6 JAN 2L AMII: 31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "L		Company" or their abbreviation "LLC," or	· "L.C.,")
ARTICLE II - Addr		animal affine af the Timited Tick	ilite Cammane las
The mailing address a	and street address of the pri	ncipal office of the Limited Liab	inty Company is:
Principal Office Add	dress:	Mailing Address:	
BEACH TO Bay	Approusa Group, LL	P.O. BOX 47051 ST. Petersburg, FL	ppiaisAl Grap,
P.O. BOX 470	55/	P.O. BOX 47051	
Sr. Petersbur	FL 33743	ST. Petersburg, FL	<u>33743</u>
	orida street address of the re		R.C. 0
	ANDREW D. S.	CHWAKIZ	
	3747 6th Aver	weN.	24 Al
_	Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)	
	St. Petersburg City, State, as	FL 33713	SECRE STATE FLORIDA
-	City, State, ar	nd Zip	物理 と
liability company registered agent and	at the place designated in the agree to act in this capacity	accept service of process for the ab his certificate, I hereby accept the . I further agree to comply with the formance of my duties, and I am J	appointment as he provisions of all

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

	r or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Andrew D. Schwartz 3747 6th Avenue N. St. Petersburg, FL 33713
(Use attachment if necessary)	SECIII PALCAI
ICLE V: Effective date, if other than the date of effective date is listed, the date must be so 90 days after the date of filing.)	ate of filing: (OPTONAL) specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	D. Schwar

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: