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 (Re	equestor's Name)	
· (Ad	ddress)	·
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Stat	tus
Special Instructions to	Filling Officer:	
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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Beachinit Properties, SC	AH IO: 15
	Art of Inc. File LTD Partnership File Foreign Corp. File
	L.C. File Fictitious Name File Trade/Service Mark Merger File
	Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement
	Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status
	Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search Driving Record
Requested by: Loto 9:00 Name Date Time	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	OCC 11 Retrieval

ARTICLES OF ORGANIZATION OF BEACHINIT PROPERTIES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization. WILED TO THE TOTAL TO THE TOTAL

ARTICLE I

The name of this Limited Liability Company is:

BEACHINIT PROPERTIES, LLC

ARTICLE II

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

6651 Corkscrew Lane Naples, Florida 34120

ARTICLE III

The purpose for which the Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

The name and street address of the Registered Agent of the company in the State of Florida is:

> Paul Pacchiana, Esq. 5425 Park Central Court Naples, Florida 34109.

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.

Registered agent signature:

Paul P. Pacchiana

ARTICLE V

The name and address of the managing members/managers are:

Title: Managing Member

Linda Lee Myers

6651 Corkscrew Lane Naples, Florida 34120

Signature of Member:

Print: Linda Lee Myers

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, submits the following statement to designate a registered office and a registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

BEACHINIT PROPERTIES, LLC.

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

PAUL P. PACCHIANA 5425 PARK CENTRAL COURT NAPLES, FLORIDA 34109

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 Signature:

Paul P.Pacchiana