L060000687))

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dunings Fig. 1)				
(Business Entity Name)				
(Document Number)				
(255111611111251)				
Certified Copies Certificates of Status				
<u> </u>				
Special Instructions to Filing Officer:				

Office Use Only



600076975706

07/10/06--01038--003 **125.00

SECRETARY OF STATE TALLAHASSEE.FLORIDA

COVER LETTER

TO: Registration Se Division of Co			
_{ѕивјест:} Веас		W.129. 0	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Kathy S			
	(Name of Person)	
		(Firm/Company)	
4500 N	Federal High		
		(Address)	7. 2
Lightho	use Point, FL	33064	7.C.S.E.C.S.
	(City	/State and Zip Code)	HA F
For further information of	concerning this matter, please	call:	SECRETARY OF STATE TALL AHASSEE. FLORI
Kathy Scarboro		at (954) 478-95	547 5.28
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
		•
Posch Divoc II.C		
Beach Divas LLC Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC."	" or "L.C")
Must end with the words. Entitled Elability Company, El	inned company of their abbreviation (bbo,	J. J
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1500 N Federal Highway, H166	Same	
ighthouse Point, FL 33064	Janie	
Lighthouse Folht, FE 55004		
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.) The name and the Florida street address of the Diana Ward	egistered Agent. You must designate an indivi	dual pranother 7006 JUL 10 AHASS
Name		LD-1
. 114		OF STA
2420 Diana Drive, #205		27 9
Florida street address (P.O. Box NOT acceptable)		AHIO: 29 OF STATE ELFLORIDA
Hallandale Beach	_{FL} 33009	
City, Sta	te, and Zip	
Having been named as registered agent and	to accent service of process for the	above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Kathy Scarboro 4500 N Federal Highway, H166 Lighthouse Point, FL 33064	
MGRM	Diana Ward 2420 Diana Drive, #205 Hallandale Beach, FL 33009	
	TILLA JU	- K
(Use attachment if necessary)	LIO AKIO:	100
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	nte of filing: (OPTIONAL) pecific and cannot be more than five business days prior	
REQUIRED SIGNATURE:	eabo	

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.)

Kathy Scarboro

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)