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| (Requestor's Name) | | | |
|---|------------------|-------------|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY UP STATE
TALLAHASSEF EL CALE

T. €:

Registration Section
Division of Corporations

| SÚBJECT: BEACH | CONTRACTING SE | RVICE L.L.C. | |
|---------------------------|---|---|--|
| | (Name of Limite | d Liability Company) | |
| The enclosed Articles of | f Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| ROY S. JO | | | |
| | (| Name of Person) | |
| BEACH CO | NTRACTING SER | /ICE L.L.C. | |
| | (| Firm/Company) | |
| 8319 PAN | AMA CITY BEACH | PKWY. | |
| | | (Address) | ; |
| PANAMA | CITY BEACH, FL | 32407 | |
| | (City | /State and Zip Code) | |
| Fac 6 calculation | | · · | |
| ror jumner information | concerning this matter, please | can: | |
| ROY S. JOHNSON | | at (850) 832-3378 | |
| (Name | of Person) | (Area Code & Daytime Te | lephone Number) |
| Enclosed is a check for | or 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 Taliahassee, FL 32301 | is. |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Compan | y is: | |
|---|--|--|
| BEACH CONTRACTING SERVICE L.L.C. | | |
| (Must end with the words "Limited Liability Company," | Limited Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 8319 PANAMA CITY BEACH PKWY. | 8319 PANAMA CITY BEACH PKWY. | |
| PANAMA CITY BEACH, FL 32407 | PANAMA CITY BEACH, FL 32407 | |
| | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: | |
| ROY S. JOHNSON | the registered agent are: | |
| | SSEE C | |
| 2406 OAKMOOD ST | | |

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.

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

32408

egistered Agent's Signature (REQUIRED)

City, State, and Zip

PANAMA CITY BEACH

(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: Name and Address: 'MGR" = Manager "MGRM" = Managing Member MGR ROY S. JOHNSON 2406 OAKWOOD ST. PANAMA CITY BEACH FL. 32408 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ROY S. JOHNSON

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee