## 57000038436

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600095868626

04/09/07--01032--015 \*\*130.00

67-38434

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
SUBJECT: BEACH	HDIG, LLC		
SUBJECT:	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Cindy PI	hillips		
<del></del> ; ,	(	Name of Person)	
BeachD	ig, LLC		
		(Firm/Company)	
110 NE	19th Avenue		
		(Address)	
Deerfie	ld Beach, Florida		
<del> </del>	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Cindy Phillips		at (954 ) 695-887	<b>78</b>
	e of Person)	(Area Code & Daytime Telephone Number)	
			Telephone Number) SECRETAPR
Enclosed is a check for	or the following amount:		HAS
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ss ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		pany is:	
BeachDig, LLC (Must end with the words '	Limited Liability Compar	ny, "Limited Company" or their abbreviation	n "LLC," or "L.C.,")
ARTICLE II - Add The mailing address		of the principal office of the Limi	ted Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
110 NE 19th Avenue, #1 Deerfield Beach, FL 334	<del></del>	same	
(The Limited Liability Corbusiness entity with an ac	npany cannot serve as its of tive Florida registration.) lorida street address	gistered Office, & Registered A own Registered Agent. You must designate of the registered agent are:	an individual or another
-	Christopher Colgan Name		HAS PR
_	1040 Holland Dr	ive, Suite A	007 APR -'Y PM 2: 0' SECRETARY OF STATE ALLAHASSEE, FLORID
	Florida	street address (P.O. Box NOT acceptate	
-	Boca Raton, Cit	FL 33487 y, State, and Zip	O7
liability compan registered agent and statutes relating to	d as registered agent y at the place design d agree to act in this o the proper and com ations of my position	and to accept service of process of ated in this certificate, I hereby ac capacity. I further agree to comp plete performance of my duties, a ray registered agent as provided for	dept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED) Page 1 of 2

Wil-07 »

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

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

<u>Tit</u>		Name and Address:		
	GR" = Manager			
"M	GRM" = Managing Member			
MG	RM	Cindy Phillips		
	<del></del>	110 NE 19th Avenue, #17		
		Deerfield Beach, FL 33441	_	
			_	
			<del>_</del>	
			_	
<del></del>			_	
			<del>;</del>	
			_	
(11)	e attachment if necessary)			
(0.	e attachment if necessary)			
ARTICLE	V: Effective date, if other than the	ne date of filing: April 1, 2007 . (OPT	IONAL)	
		be specific and cannot be more than five busines	ss days p	rior
to or 90 day	ys after the date of filing.)	2	7E 238	
			~~	. = 122 <b>0</b>
DE	OUDED GOVATUDE.	工「   1	APR	i j
KE	<u>QUIRED</u> SIGNATURE:	SS	5 📥	ļ
	$Q_{\alpha}$	(1) · (1)	2	,
	Dina	y thillips == ==	2	
	Signature of a mem	be or an authorized representative of a member.	₹ .%	* auch
	(In accordance with	section 608.408(3), Florida Statutes, the execution	07	
	of this document con	stitutes an affirmation under the penalties of perjury		
	that the facts stated			
	Cind	y Phillips		
	•	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)