

L100000036038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/02/10--01040--001 **516.25

FILED

10 APR - 1 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR - 2 2009

EXAMINER

Silicon Beach Software
2321 Seminole Road
Atlantic Beach, FL 32233

March 27, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

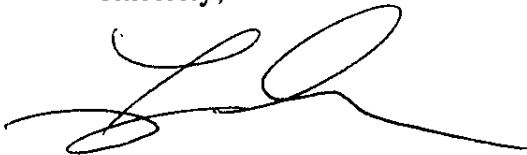
Dear Mr. Bryan:

Enclosed please find your letter stating that you received my application to reinstate Silicon Beach Software, LLC along with a check for \$516.25. Since you stated that there is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity, I have completed the application to form a new entity: Silicon Beach Software, LLC.

Please deduct the \$125.00 from the \$516.25 already paid to cover the filing fee. Please issue a refund check to Terry Nichols in the amount of 391.25.

Thank you for your assistance.

Sincerely,



Terry Nichols

FILED
10 APR - 1 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2010

SILICON BEACH SOFTWARE, LLC
2321 SEMINOLE RD
ALTAMONTE BEACH, FL 32233

SUBJECT: SILICON BEACH SOFTWARE, LLC
Ref. Number: L06000055192

FILED
10 APR -1 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SILICON BEACH SOFTWARE, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 510A00005399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILICON BEACH SOFTWARE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY L. NICHOLS
Name of Person
SILICON BEACH SOFTWARE
Firm/Company
2321 SEMINOLE ROAD
Address
ATLANTIC BEACH, FL 32233
City/State and Zip Code
SILICONBEACHSOFTWARE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

10 APR -1 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

TERRY NICHOLS at (904) 501-0869
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SILICON BEACH SOFTWARE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2321 SEMINOLE RD
ATLANTIC BEACH, FL 32233

Mailing Address:

2321 SEMINOLE RD
ATLANTIC BEACH, FL 32233

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TERRY NICHOLS

Name

2321 SEMINOLE RD

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

ATLANTIC BEACH FL 32233

City, State, and Zip

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10 APR - 1 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

TERRY NICHOLS
MGR

TERRY L. NICHOLS
2321 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

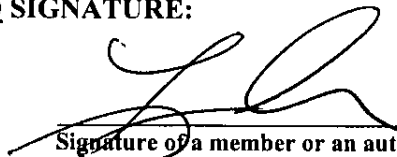
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(Use attachment if necessary)

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.)

TERRY L. NICHOLS

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)