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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: BEACH HOUSE DESIGN Group, LLC.
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
-	CATALINA CIUBA-
	MIAMI CUSTOM POOLS & SPAS
•	Firm/Company
	14135 SW 119 Avenue
	Address
_	MIGMI, FL 33186 City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
	her information concerning this matter, please call:
	ATAUNA CIUBA at (305) 984-9787 Name of Person Area Code & Daytime Telephone Number
	ed is a check for the following amount:
\$125.00	Filing Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
BEACH HOUSE	DESIGN GROUP, 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14135 SW 119 Avenue Mami & 33186	14135 SW 119 Avenue MIAMI E 33186
	/ / / / / / / / / / / / / / / / / / / /
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature and Agent. You must designate an individual or another OFFI
The name and the Florida street address of the reg	gistered agent are:
CATALINA	CIUBA- B9TH PLACE #155 22 BATTER
Name	
13015 SW	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
<u>Miami</u>	FL 33176 e, and Zip
City, State	e, and Zip
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u>		Name and Address:		
"MGR" = M "MGRM" =	anager Managing Member			
MGR	• -	CATALLIA CIUZA		
1102		CATALINA CIUBA- 14135 SW 119 AVENUE MIAMI, E 33186	•	
		MIQMI R 33186	•	
				
				
				
				
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	ent if necessary)			
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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)