# L11000025978

(Requestor's Name)	
(Address)	1
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJ	ECT: A1A Beachside	LLC	,		
SUBJ		ame of Limited Liab	ility Company : '		<del>-</del>
	•				
The er	closed Articles of Organization a	nd fee(s) are submitte	ed for filing.		
Please	return all correspondence concer	ning this matter to the	e following:		
	0 0 - 11'				
	Gary Galligar	Name o	of Person		
		Name	ii i cison		
				<del></del>	
		Firm/C	ompany		
	1093 A1A Beach B	lvd., #531			
			iress		
	Ot Athe Flexiste	00000	,		
	St. Augustine, Florida	* * * * *	nd Zip Code		
	gary.galligar@me.com	City/State a	na Zip Coac	茅山	. 2
	E-mail addres	s: (to be used for future	annual report notification	1)	<u> </u>
For fu	ther information concerning this	matter, please call:		記された。	
Gary	Galligar	at (9	04 , 742 080	)7 기계	
	Name of Person	at (	Area Code & Daytime T		
Enclos	sed is a check for the following	g amount:			O မာ
\$125.00	Filing Fee \$130.00 Filing Certificate	of Status Ce	55.00 Filing Fee & rtified Copy ditional copy is enclosed)	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is of	atus &
	Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, I	ection Orporations 7	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	is:
A1A Beachside LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1093 A1A Beach Blvd., #531 St. Augustine, Florida 32080	1093 A1A Beach Blvd., #531 St. Augustine, Florida 32080
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	ne registered agent are:
Gary Galligar	<u> </u>
Na	me
1093 A1A Beac	ch Blvd., #531
Florida street	address (P.O. Box NOT acceptable)

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 (REWIRED)

St. Augustine, Florida 32080 FL City, State, and Zip

(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" = Manager	Name and Address:		
"MGRM" = Managing Member  MGR	Gary Galligar		
	1093 A1A Beach Blvd., #531		
	St. Augustine, Florida 32080	- -	
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(Use attachment if necessary)	<u>교환</u> 근육	08	
	(OPTIC		
LE V: Effective date, if other than the	e date of filing: (OPTIC be specific and cannot be more than five business	JNAI	

#### **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gary Galligar

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)