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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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**FLORIDA LIMITED LIABILITY CO.
BEACH BLOOMZ LLC**

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EXAMINER

H12000174755 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BEACH BLOOMZ LLC

ARTICLE II ADDRESS

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

5250 GULF BOULEVARD
ST PETE BEACH, FLORIDA 33706

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

DESIRAE HIRSCHMAN
176 22ND AVENUE SE
ST PETERSBURG, FLORIDA 33705

Having been named as registered agent 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.



DESIRAE HIRSCHMAN / Registered Agent's signature

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H12000174755 3

H12000174755 3

PAGE 2 BEACH BLOOMZ LLC

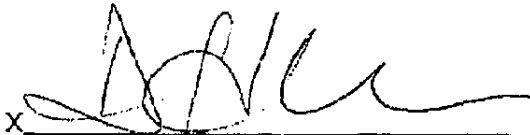
ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
DESIRAE HIRSCHMAN
176 22ND AVENUE SE
ST PETERSBURG, FLORIDA 33705

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x 

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.

DESIRAE HIRSCHMAN

H12000174755 3