2001/003

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : 119990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. BEACH TOYZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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AUG 1 4 2012 T. HAMPTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACH TOYZ, 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:	Mailing Address:
1301 Gulf Way	1301 Gulf Way
St. Pete Beach, FL 33706	St. Pete Beach, FL 33706

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:

Joseph Caruso	
Name	
1301 Gulf Way	
Florida street address (P.O. Box <u>NOT</u> acceptable)
St. Pete Beach	33706
City, State, an	nd Zip

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 Agont's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Joseph Caruso
	1301 Gulf Way
	St. Pete Beach, FL 33706
MGRM	Edwin Rodrigo
	4580 Hannah Lane
	St. Petersburg, FL 33709
Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a megiber of an authorized representative of a member.

(In accordance with section 504 A08(3), Flurida 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 may falso information submitted in a document to the Department of State constitutes which depries from the provided for in 4.817.153, 2.3.)

Joseph Caruso, Authorized Person

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)

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