## 1130000941788

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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13 JUN 27 AM D: 46

(850) 245-6051.

COVER LETTER				
TO: Registration S Division of Co	rporations	107	13 JUN 27	
SUBJECT: SEA	4 BREEZE JA	AX BEACH, LLC	7 AM IO: 46	
Name of Limited Liability Company				
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	oondence concerning this mat	tter to the following:		
JOHN	HASWELL	Name of Person		
	• <del>इ.च</del> . १	Name of Person		
		Firm/Company		
3840 BELFORT ROAD SUITE 201				
JACKSONVILLE, FL 32216  City/State and Zip Code  John haswell & Krier Wealth. Com  E-mail address: (to be used for future annual report notification)				
	concerning this matter, please			
Tohn HASWELL at (904) 868-6218  Name of Person Area Code & Daytime Telephone Number		6218 Phone Number		
Enclosed is a check for	or 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 Ci Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	107
SEA BREEZE JAX BEACH	4, uc
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "Ll.C.")
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:
3840 BREFORT ROAD SUITE 201	SAME
JACKSONVILLE, FL 32216	
JACKSONVILLE	gistered agent are:  D SUITE 201  ess (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..

Redistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## 

**REQUIRED SIGNATURE:** 

prior to or 90 days after the date of filing.)

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.)

Tohn HASWELL
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)