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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE

COVER LETTER

TO:	Registration Solvision of Co	ection rporations	BABY	े इ			
SUBJE	ест:В	esch (N	BABIES lame of Limited Lia	BOUTI QU ability Company)	e LL	<u> </u>	
			and fee(s) are submi				
Please	return all correspo	ondence concer	ning this matter to	the following:			
		Mic	helle	M. NAS	Н		_
		Benc	BABI (Firm	e of Person) BY Company)	Figue	Bouris	5
				LAKES ddress)			_
-				and Zip Code)			
For fur	ther information o	concerning this	matter, please call:				
mi	CHELLE	of Person)	JASH at (901 62 (Area Code & Dayt	6-79 ime Telephone N	51 lumber)	
Enclos	ed is a check fo	r the following	g amount:				
\$125.	00 Filing Fee	\$130.00 Fi Certificate		155.00 Filing Fee & Certified Copy additional copy is enclo	sed) Certi:	00 Filing Fee, ficate of Status & fied Copy onal copy is enclos	
		Mailing Add Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street/Courier A Registration Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle	SEORET NAM 15	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACH BABIOS BOUTIQUE LLC

ARTICLE II - Address:

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

rincipal Office Address:	Maining Audress.
74 Hidden Lakes Dr	74 Hidden Likes Dr
MITAMAN BEACH, FL	MILAMAR BEACH, FL
32550	32550

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:

MICHELLE M. NASH
Name
74 Hidden Likes Drive
Florida street address (P.O. Box NOT acceptable)
MILAMAR BEACHEL 32550
City, State, and 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 60%, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF A DISCONING TALLAHASE OF THE A DISCONING THE ADDRESS THE A DISCONING THE ADDRESS THE A DISCONING THE ADDRESS THE

ARTICLE	IV-	Manager(s)	or Managing	Member	(e):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MICHELLE M NASH 74 HILDEN LIKES DA MILIMIA BESCH, FL 32550
- 	
(Use attachment if necessary) FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: 0 / 12 2014. (OPTIONAL) De specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	SECRETALLAND
X Signature of a member	le or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury.
- VUIC	yped or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Continued Const. (Optional)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of