## L140000 91020

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number	)
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14-345F.

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Surfside Holdings,	LLC			
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				Art of Inc. File
<del>-</del>	<del></del>			
			<del></del>	LTD Partnership File
			1	Foreign Corp. File  L.C. File
				Fictitious Name File
			}	Trade/Service Mark
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				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			<b> </b>	Certificate of Good Standing
			<u> </u>	Certificate of Status
			<del> </del>	Certificate of Fictitious Name
			\ —	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
	<b></b>			Vehicle Search
			<del> </del>	Driving Record
Requested by: SETH	06/04/14			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
			<u> </u>	UCC 11 Retrieval
Walk-In	Will Pick Up		[	Courier



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2014

CAPITAL CONNECTION INC SETH

SUBJECT: NORTH BEACH INVESTMENTS LLC

Ref. Number: W14000034598

2014 JUN - 5 JA 11: 24
SUFFICIENCY OF FILMS

We have received your document for NORTH BEACH INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: NORTH BEACH INVESTMENT INC, document number 319426.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 114A00011994

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Surfside Holdings, LLC (Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
·	James Bloom, Company, Labor, or Labor,
ARTICLE II - Address: The malling address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9435 Harding Avenue	9435 Harding Avenue
Surfside, Florida 33154	Surfaide, Florida 33154
another business entity with an active Florida r.  The name and the Florida street address of the r.	s its own Registered Agent. You must designate an individual or egistration.)
Jon Shleids	Name
9425 Harding Avanua	•
9435 Harding Avenue Florida street address (	P.O. Box NOT acceptable)
Surfside	FL 33154
Chy	Zip
the place designated in this certificate, I here capacity. I further agree to comply with the poof my duties, and I am familiar with and accept the complexity of my duties.	accept service of process for the above stated limited liability company at eby accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance ept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  /s/ Jon Shields pit's Signature (REQUIRED)
(C	ONTINUED)
	Page LoC2
	$\Xi_{\alpha} \approx$

FILED
2014 JUN -5 AH 9: 28
SECRETARY OF STATE

AMBR" = Authorized Member MCiR" = Manager MGR	JON SHIELDS 9435 Harding Avenue Surfside, Fjorida 33154
	9435 Harding Avenue
	9435 Harding Avenue
_ <del></del>	Suriside, Florida 33154
<del></del>	
( les estaches ent : f magazanes)	
Use attachment if necessary)  V: Effective date, if other than the date of filinctive date is listed, the date must be specific a filing.)	g: <u>June 1, 2014</u> . (OPTIONAL) nd cannot be more than five business days prior to or s
EV: Effective date, if other than the date of filing tive date is listed, the date must be specific a filing.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:	nd cannot be more than five business days prior to or s
EV: Effective date, if other than the date of filing tive date is listed, the date must be specific a filing.)  EVI: Other provisions, if any.  Signature of a member (in accordance with section 605,0203 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as pr	/s/ Jon Shields or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
CV: Effective date, if other than the date of filing tive date is listed, the date must be specific a filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203) constitutes an affirmation under the p I am aware that any false information	/s/ Jon Shields or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
EV: Effective date, if other than the date of filing tive date is listed, the date must be specific a filing.)  EVI: Other provisions, if any.  Signature of a member (in accordance with section 605.0203 constitutes an affirmation under the plam aware that any false information constitutes a third degree felony as presented.	/s/ Jon Shields or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

Page 2 of 2

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