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K.SALY EXAMINER JUN - 9 2014

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: North Beach Home Builders, L.L. Name of Lir	C. nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Dirk Penzien	Name of Person	
North Beach Home Builders, L.L.C	Firm/Company	
902 Sanddollar Ct.	Address	
St. Augustine. FL 32084	City/State and Zip Code	
dirkpenz@yahoo.com E-mail address: (to be use	d for future annual report notifica	ition)
For further information concerning this matter, plea	ase cali:	
<u>Dirk Penzien</u> at (!	904) 742-8594 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$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 Adda Registration Section Division of Corporat Clifton Building	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limite	d Liability Company is:		· 1
North Beach Home I	Builders, L.L.C. Must end with the words "Limit	ed Liability Company, "L.L.C.,"	or "LLC.") The state of the sta
ARTICLE II - Addres The mailing address an		office of the Limited Liability C	Company is:
Principal Office Addr	ess:	Mailing Address:	TO PARTY OF
902 Sanddollar Ct. St. Augustine. FL 32	084	902 Sanddollar Ct. St. Augustine, FL 32084	
(The Limited Liability		e, & Registered Agent's Signat vn Registered Agent. You must d tion.)	
The name and the Flori	da street address of the register	ed agent are:	
	Dirk Penzien Nar	me	
	902 Sanddollar Ct. Florida street address (P.O. B	ox NOT acceptable)	
	St. Augustine	FL 32084	
	City	Zip	
the place designate capacity. I further ag	d in this certificate, I hereby acc tree to comply with the provision im familiar with and accept the d Chi	ept the appointment as registered ns of all statutes relating to the pr obligations of my position as regi apter 605, F.S	oper and complete performance
	Registered Agent's Sig	milen	
	Registered Agent's Sig	nature (REQUIRED)	_
	(CONTIN	NUED)	

Page 1 of 2

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
Manager	Dirk Penzien
	902 Sanddollar Ct.
	St. Augustine, FL 32084
Manager	Whitney Penzien
	902 Sanddollar Ct.
	St. Augustine, FL 32084
1	
V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature o (In accordance with sect	Ta member or an authorized representative of a member.
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature o (In accordance with sect constitutes an affirmation I am aware that any false	be specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than the specif
V: Effective date, if other than the tive date is listed, the date must filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature o (In accordance with sect constitutes an affirmation I am aware that any false	Ta member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State in formation approvided for in s.817.155, F.S.)

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