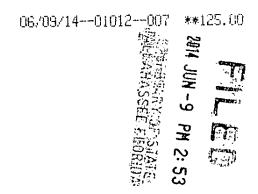
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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Division of Corporations		
SUBJECT: Beach Haven Develop	pers, LLC Name of Limited Liability Company	
The enclosed Articles of Organization		
Please return all correspondence conce	erning this matter to the following:	
<u>Dinah Robertson</u>	Name of Person	
Beachnik Holdings, LLC	Firm/Company	
771 Tides End Drive	Address	
St. Augustine, Florida 3	32080 City/State and Zip Code	
drobertson@mcgarveycommur E-mail address	nities.com ss: (to be used for future annual report notification)	
For further information concerning this	s matter, please call:	
Dinah Robertson Name of Person	at (904) 710-6810 Area Code Daytime Telephone Number	
Enclosed is a check for the following a	imount: ing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee }	(A)
☑ \$125.00 Filing Fee ☐ \$130.00 Fili Certificate of	of Status Certified Copy Certificate of Statista (additional copy is enclosed) Certified Copy (additional copy is chiclosed)	
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Beach Haven Developers, 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Beachnik Holdings, LLC	771 Tides End Dr. St. Augustine, FL 320
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered at the company of the registered at the register	Registered Agent. You must designate an individual or
Dinah Robertson Name	
771 Tides End Drive Florida street address (P.O. Box	NOT acceptable)
St. Augustine Beach	F <u>L_32080</u>
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli Chapte	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
(CONTINUE	DD)
Page 1 of 2	2: 53 2: 53

<u>Title:</u> "AMDR" = Authorized Membe	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	er en
MGR — Manager	Dinah Robertson
	771 Tides End Drive
	St. Augustine Beach, FL 32080
MGR	James N. McGarvey
	81 Ponte Vedra Blvd
	Ponte Vedra Beach, FL 32082
(Use attachment if necessary)	
E V: Effective date, if other tha	on the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days prior to or 90 days
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ARTICLE IV-

Page 2 of 2