

L14000144082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

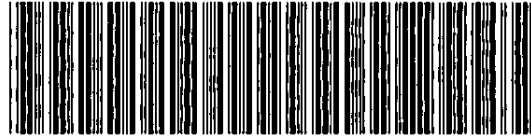
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700263998767

09/09/14--01009--021 \*\*155.00

EFFECTIVE DATE 9-4-14

RECEIVED  
FEBRUARY 11 2015

SEP 11 2014

FILED

R. BOSTICK

SEP 15 2014

BY MAIL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beach DeStress, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly Beach  
Name of Person

Beach DeStress, LLC  
Firm/Company

12458 Deeder Lane  
Address

Jacksonville, FL 32258  
City/State and Zip Code

beachlady325@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Beach at ( 904 ) 257-6719  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

FILED  
SEP - 4 P 5 00  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beach DeStress, 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

12458 Deeder Lane  
Jacksonville, FL 32258

12458 Deeder Lane  
Jacksonville, FL 32258

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:

Holly Beach

Name

12458 Deeder Lane

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32258

City

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 605, F.S.*

Holly Beach  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 SEP - 9 PM 5:00  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Director of Operation

Director of Marketing

Direct of Technology

**Name and Address:**

Holly Beach

12458 Deeder Lane

Jacksonville, FL 32258

Melissa Turner

6131 Alpenrose Ave

Jacksonville, FL 32256

Connie Miller

4745 NW 79th Rd

Gainesville, FL 32653

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/4/2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

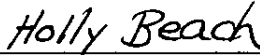
**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)



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)**

FILED  
27th SEP - 11 PM 5:00  
DEPARTMENT OF STATE