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J. Strivers MAY 15 2015



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Backyard Beaches 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:
Douglas John Baxendale Name of Person
Firm/Company
1421 Cormorant Road Address
De ray Reach FL 33444 City/State and Zip Code
For further information concerning this matter, please call:
Douglas at 305 434 - 0246 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$2
Mailing AddressStreet AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(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: 1421 Cormorant Road Delray Reach, FL 33444
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 Douglas John Raxendale Name 142 Cormorant Road Florida street address (P.O. Box NOT acceptable) Del ray Beach, Fl. 33444 City State 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Douglas John Baxendale 1421 Cormorant Road Delray Beach, FL 3344
fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does iment's effective date on the Depart. E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be tment of State's records.
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