## 45000085798

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	· ··
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

GAYLE BULLS DIXON 4446-1A HENDRICKS AVENUE NUM 367 JACKSONVILLE, FL 32207

SUBJECT: BEACHERS INVESTMENTS LLC

Ref. Number: W15000028501

We have received your document for BEACHERS INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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 (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 515A0000820

2015 HAY 14 AM 11: 15

www.sunbiz.org

Division of Cornerations - P.O. BOY 6327 Tallahassee Florida 32314

## **COVER LETTER**

TO:	Registration of	n Section Corporations			
SUBJI	ECT: BEACH	HERS INVESTMENTS LL	C mited Liability Company		
		Name of E.	inited Enablity Company		
The en	closed Articles	s of Organization and fee(s)	are submitted for filing.		
Please	return all corre	espondence concerning this r	natter to the following:		
	GAYLE	BULLS DIXON			
			Name of Person		
	BEACH	ERS INVESTMENTS LLC			
			Firm/Company		
	4446-1A	HENDRICKS AVE NUM	367		
			Address		
	1A CKCC	MW. I. F. F. 00007			
	JACKSC	NVILLE FL 32207	City/State and Zip Code		
ar	counting@bs				- Carte Street
<u>ac</u>	countingers	E-mail address: (to be us	ed for future annual report notification)	AHAT MAKET	
For fur	ther information	on concerning this matter, ple	ease call:	ASSE THE	7
				E E E	
GAYL	E BULLS DIX	ne of Person	904 379-3846 Area Code Daytime Telephone Number	AH II: 1	
	1144	NC 01 1 013011	Area code Daytime Telephone Number	_ \$ B □ <b>Ω</b>	
Enclos	ed is a check fo	or the following amount:			
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status & opy	)
	Reg Div P.O	iling Address eistration Section ision of Corporations Box 6327 lahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 3230!		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
BEACHERS INVESTMENTS LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
4446-1A HENDRICKS AVE NUM367 JACKSONVILLE, FL 32207	SAME	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist  The name and the Florida street address of the regist	own Registered Agent. You must de ration.)	
ON BOARD A LLC N	lame	新型 <del>ス</del> 一
4446-1A HENDRICKS AV	E NILIM 267	A A A
Florida street address (P.O.		
JACKSONVILLE	FL 32207	
City	Zip	%
Vage 8	ccept the appointment as registered ( ions of all statutes relating to the pro	agent and agree to act in this per and complete performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
'AMBR" = Auth 'MGR" = Manag		
AMBR	ON BOARD A LLC (GAYLE BULLS DIXC	N)
<del></del>	4446-1A HENDRICKS AVE NUM 367	<del>'</del>
	JACKSONVILLE FL 32207	
MBR	THOMAS JACKSON IRA	
	4446-1A HENDRICKS AVE NUM 367	
	JACKSONVILLE, FL 32207	
MBR	DENALI STUD	
	1700 GEORGETOWN ROAD	
	PARIS, KY 40361	
Use attachment i	if necessary)	
EV: Effective date is lister of filing.)	ate, if other than the date of filing: (OPTION ded, the date must be specific and cannot be more than five business days prior	AL) or to or 9
E V: Effective date is lister filling.)	ate, if other than the date of filing: (OPTION ded, the date must be specific and cannot be more than five business days prior	AL) or to or S
E V: Effective date is listed filling.)	ate, if other than the date of filing: (OPTION ded, the date must be specific and cannot be more than five business days prior	AL) or to or 9
E V: Effective date is lister of filing.)  E VI: Other provi	ate, if other than the date of filing: (OPTION ded, the date must be specific and cannot be more than five business days priorisions, if any.	r to or s
ective date is lister of filing.)  E VI: Other provi  REQUIRED SIC  (In accordant to the constitute of	ate, if other than the date of filing: (OPTION ded, the date must be specific and cannot be more than five business days priorisions, if any.	TALLAHASSE POLIMENT
E V: Effective date is lister filing.)  E VI: Other provi	Signature of a member or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, the execution of this do tutes an affirmation under the penalties of perjury that the facts stated herein are ware that any false information submitted in a document to the Department of Signature of Signa	TALLAHASSE POLIMENT

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)