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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

DIVISION OF CORPORATION

COVER LETTER

		ion Section of Corporations					
SUBJEC		each Rentals LLC					
SUBJEC	.1;	Name of	Limited Liab	ility Company			
The encl	osed Articl	les of Organization and fee(s) are submitte	ed for filing.			
Please re	turn all co	rrespondence concerning this	matter to the	following:			
	Russ H	azelcom					
			Name o	of Person			
			Firm/C	Company	•		
	2269 S	University Drive #271					
			Ado	iress			
	Fort La	auderdale FL 33324					
			City/State a	nd Zip Code	,		
	juptick@	hotmail.com	16.6.	1			
		E-mail address: (to be u		annuai report notifica	tion)		
For further	informati	on concerning this matter, pl	ease call:				
	Russ Ha	azelcorn at	305	610-4161			
		Name of Person	Area Code	Daytime Telephor	ne Number		
Enclosed	is a check	for the following amount:					
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	.00 Filing Fee & fied Copy nal copy is enclosed	Certified C	of Status &	DIVISION OF
	R D P	Mailing Address Legistration Section Division of Corporations LO. Box 6327		Street Address Registration Section Division of Corporat Clifton Building		20 PM	DE CORPOR
	T	allahassee, FL 32314		2661 Executive Cent	ter Circle	54 🛨	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I - Name:
The name	of the Limited Liability Company is:
	, ,
•	EZ Beach Rentals 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:
2269 S University Dr #271	2269 S University Dr #271
Fort Lauderdale, FL 33324	Fort Lauderdale, FL 33324

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:

Russ Hazelcorn		
	Name	
2269 S University D	r #271	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Fort Lauderdale, FL	3332∠	
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 profer 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..

stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 MAY 20 PH 1: 44

SECRETARY OF STATE

",	<mark>litle:</mark> AMBR" = Authorized l	Member	Name and Address:
	MGR" = Manager MGR		Russ Hazelcorn 2269 S University Dr #271
_			Fort Lauderdale, FL 33324
-			
_			
CLE effec te of	ctive date is listed, the (filling.)	her than the date of filing date must be specific an	. (OPTIONAL) d cannot be more than five business days prior to or 90 days at
		the Department of State	applicable statutory filing requirements, this date will not be listers records.
	VI: Other provisions, is	any.	
CLE			

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

(In accordance with section 605.0293 (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)

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SECRETARY OF STATE

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DIVISION OF COSPORATIONS