

L15000109505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

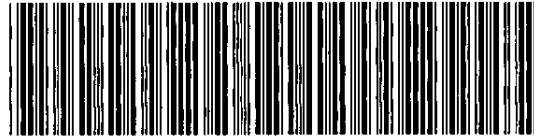
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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FILED  
15 JUN 26 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
15 JUN 26 PM 1:56  
DEPARTMENT OF REVENUE

JUN 29 2015  
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LLC

1.

4451 BEAUMARIS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

FILED  
15 JUN 26 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

4451 Beaumaris, LLC

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company are:

**Principal Office Address:**

2411 Wood Pointe Drive  
Key Vista, Holiday, Florida 34691

**Mailing Address:**

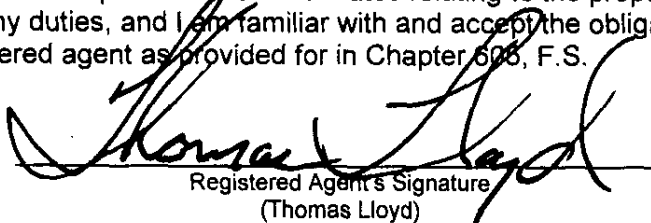
2411 Wood Pointe Drive  
Key Vista, Holiday, Florida 34691

**ARTICLE III - INITIAL REGISTERED AGENT,  
REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the Registered Agent are:

Thomas Lloyd  
2411 Wood Pointe Drive  
Key Vista, Holiday, Florida 34691

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 606, F.S.

  
Registered Agent's Signature  
(Thomas Lloyd)

**ARTICLE IV - MANAGEMENT**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

2411 Wood Pointe, LLC,  
a Florida limited liability company  
2411 Wood Pointe Drive  
Key Vista, Holiday, Florida 34691

AMBR

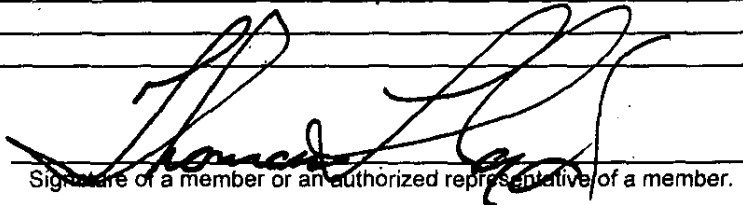
**ARTICLE V - EFFECTIVE DATE**

Effective date, if other than the date of filing: N/A

**ARTICLE VI - OTHER PROVISIONS**

Other provisions, if any:

None

  
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 Section 817.155, F.S.)

Thomas Lloyd

Typed or printed name of signee.