L15000127079

(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:
115-4154

Office Use Only



300274605723

07/09/15--01016--009 **160.00

SECRETARY OF STATE

2015 JUL 27 AM 11:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: PREMIER BEACH RENTAL L. L.C. 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:
RHYS CHARTIER & CALEB KIZZIAH Name of Person
PREMIER BEACH RENTAL Firm/Company
102 CEDAR HAMMOCK LN. Address
PANAMA CITY BEACH, FL 32407 City/State and Zip Code
PREMIER BEACHRENTALS@ (5MAIL.COM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RHYS CHARTIER at (850) 258 - 8955 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

July 21, 2015

Attn: Teresa Brown

Ref. Number: W15000047454

In response to Letter Number: 415A00014822

Please see the attached forms with designated name changed to Premier Beach Rental Service L.L.C.



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2015

RAYS CHARTER & CALEB KIZZIAH PREMIER BEACH RENTAL L.L.C. 102 CEDAR HAMMOCK LN PANAMA CITY BEACH, FL 32407

SUBJECT: PREMIER BEACH RENTAL L.L.C.

Ref. Number: W15000047454



We have received your document for PREMIER BEACH RENTAL L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L08000037661.

Please return 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 call (850) 245-6052.

Teresa Brown Regulatory Specialist II

Letter Number: 415A00014822

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The name of the Limited Liability	y Company is:	SERVICE L	L.C.
PREMIE	ER BEACH RE	ENTAL LILE.	
(Must end	with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal office of the	: Limited Liability Company is:	SECRE TALLAR
<u>Princips</u>	al Office Address:	Mailing Address:	P
102 CEDAR PANAMA CITY 32407	HAMMOUL LN. BEACH, FL	102 CEDAR HAMMOC PANAMA CITY BEAC 32407	
		red Agent's Signature: I Agent. You must designate an individ	iual or
The name and the Florida street a	address of the registered agent are:		
	CALEB KIZZIA Name	н	
	315 OLEANDER		
	Florida street address (P.O. Box		
	PANAMA CITY BEACH City State	, FL 32413	
	City State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the appointment as ovisions of all statutes relating to the ligations of my position as registere	ess for the above stated limited liability of segistered agent and agree to act in the proper and complete performance of ed agent as provided for in Chapter 605 s Signature (REQUIRED)	is capacity. I my duties, and I

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	RHYS CHARTIER
AMBR	102 CEDAR HAMMOCK LN.
	PANAMA CITY BEACH, FL 3407
AMBR	CALEB KIZZIAH
	315 OLEANDER DR. PANAMA CITY BEACH, FL 32413
	THUMME CITY BENCH, TE JETIS
	<u></u>
	<u> </u>
EV: Effective date, if other that ective date is listed, the date m of filing.) the date inserted in this block of	on the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Dept. E VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
EV: Effective date, if other that ective date is listed, the date most filing.) the date inserted in this block coment's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
E V: Effective date, if other that ective date is listed, the date most filing.) The date inserted in this block of ment's effective date on the Delevis Country of the date provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
E V: Effective date, if other that extive date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Dele E VI: Other provisions, if any. REQUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
E V: Effective date, if other that extive date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Delet VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance constitutes an all am aware that	pe of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State
E V: Effective date, if other that extive date is listed, the date must filing.) the date inserted in this block of ment's effective date on the Dele E VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur (In accordance constitutes an all am aware that	e of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other that extive date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Delet VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance constitutes an all am aware that	e of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.)
E V: Effective date, if other that extive date is listed, the date must filing.) the date inserted in this block of ment's effective date on the Dele E VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur (In accordance constitutes an all am aware that	pe of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State