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COVER LETTER 🌋

1O: Registration Section Division of Corporations
SUBJECT: PCBeach Front 1422 LLC 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:
Pamela K. Nelson Name of Person
·
Firm/Company
171 E Garvin Hts Rd
Winda MN 55967  City/State and Zip Code  Whitesandy beach 177@gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamela Nelson at (U12) 718-9659  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 Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 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:			Anna Tara
	11122	1	16 FEB 18 AM 11: 24
PCBeachfront (Must end with the words "Li	mited Liability Co	mpany. "L.L.C"	or"LLCIALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
8743 Thamas Dr #1422	171 E Garvin Hts Rd
Panama City Beach, FL	Winora, MN 55987
32408	·

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:

Pamela Nelson

Name

8743 Thomas Dr #1422

Florida street address (P.O. Box NOT acceptable)

Panama City Beach FL 32408

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:  "AMBR" = Authorized Member  "MGR" = Manager  AMBR  Pamela Nelson  ITLE Carvin Hts Pal  Winona mni 55987  AMBR  AMBR  Guine E Carvin Hts Pal  Winona mni 55987  ARTICLE V: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutor of a mayore that any false information submitted in a document to the Department of State of the may false information submitted in a document to the Department of State of the mayore that any false information submitted in a document to the Department of State of the mayore that any false information submitted in a document to the Department of State of the mayore that any false information submitted in a document to the Department of State of the mayore that any false information submitted in a document to the Department of State of the mayore that any false information submitted in a document to the Department of State of the mayore that any false information submitted in a document to the Department of State of the mayore that the mayore t	ARTICLE IV- The name and address of each person authority	orized to manage and control the Limited Liability Company:
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constitutes a third degree felony as provided for in s.817.155. F.S.	This document is executed I am aware that any false in	I in accordance with section 605.0203 (1) (b), Florida Statutes of the section and submitted in a document to the Department of States of the section and section as the se
Pamela K Nelson Typed or printed name of signee	Pamela	KNelson

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)