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(Requestor's Name)			
(Address)			
(Address)			
(City	//State/Zip/Phon	e #)	
(Sity/State/Elp/1 Holle #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Doc	ument Number)		
Certified Copies	Certificates	s of Status	
,			
Special Instructions to F	iling Officer:		

Office Use Only



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COVER LETTER

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TO: Registration Section Division of Corporations			
SUBJECT: PCBeach front 515 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 Nelson Name of Person			
Firm/Company			
171 E Garvin Hts Rd			
Address			
Winona MN 55987 City/State and Zip Code whitesandybeach 177 Egmal 1. can			
whitesandybeach 177 Egmail.com			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Ramela Nelson at U12 718-9659 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$130.00 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 CircleTallahassee, FL 32301			



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

16 JAN 26 PM 3: 35

PCBeachtront 515 LLC

SECRETARY OF STATE TALLAMASSEE, FLORIDA

(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:
10901 Front Beach Rd #95	171 EGarrin HAS F
Panama City Beach, FL	Winana, MN 559
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

10901 Front Beach Rd #515

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

Panama City Beach FL 3240

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV		AND
The name and address of each person authorized t	to manage and control the Limi	ited Liability Company: 16 JAN 26 PM 3: 36
"AMBR" = Authorized Member	Cant and Address.	SECTION.
"MGR" = Manager	Pamela Ni 171 E Carvin Winona mr	CLSOVALLAHARSEE TO STATE
AMBR	Barrett NE 171 E Garrin Wingna, Mr	elson Hts Rd 155907
The state of the s		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and the date of filing.)	i cannot be more than five bu	(OPTIONAL) isiness days prior to or 90 days after
Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's		irements, this date will not be listed as
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE: - Amela Ka	LelSon an authorized representative	e of a member.
This document is executed in acc I am aware that any false informat constitutes a third degree felony a	ordance with section 605.0203 tion submitted in a document to	3 (1) (b), Florida Statutes. o the Department of State
1-amela/	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)