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COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	Beachside Villa COA, LLC
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Javier Vicente
	Name of Person
	Beachside Villa COA, LLC
	Firm/Company
	151 N Orlando Ave, Unit 125
	Address
	Winter Park, FL 32789
i.	City/State and Zip Code effpurchase@mac.com
<u>,</u>	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Jeffery A. Kloko 414 698-9831
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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:	
BEACHSIDE VILLA COA, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
6672 S 17th Street	6672 S 17th Street
Milwaukee, W1 53221-5205	Milwaukee, WI 53221-5205
ARTICLE III - Registered Agent, Registered Office, & Regis	tered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	ed 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 ar	re:
Javier Vicente	
Name	

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..

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

State

151 N Orlando Ave, Unit 125

City

Winter Park

Registered Agent's Signature (REQUIRED)

32789

Zip

(CONTINUED)

Page 1 of 2

"A	tle: MBR" = Authorized	Member	Name and Address:
	1GR" = Manager MBR		Jeffery A. Kloko
<u> </u>	MBK		6672 S 17th Street
			Milwaukee, WI 53221-5205
Α	MBR		Byung-Jin Lim
			3825 Monona Drive #63
			Madison, WI 53714-2812
(U	se attachment if neces	ssary)	
TICLE	V. F.60-41 J-4- 10-4	di di d	ing: (OPTIONAL)
an effect	v: Effective date, if of ive date is listed, the	ner man me date of fil date must be specific	and cannot be more than five business days prior to or 90 days after
date of f		and must be specific	and cannot be more than the business days prior to be you days after
			he applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on	the Department of Sta	ate's records.
TICLE	VI: Other provisions, i	f any.	
			
<u>R</u> I	<u>EOUIRED</u> SIGNATI	URE:	fry a. Kloko
		X4	pragu. Thereo
	Si	gnature of a member	or an authorized representative of a member.
	This day		
			accordance with section 605.0203 (1) (b), Florida Statutes.
	I am aw	are that any false info	rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.

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)