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SECRETARY OF STATE

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COVER LETTER

	Division of Corporations		
SUBJEC'	Shawn's Beach Service, LLC		
SOBJEC		Limited Liabil	ity Company
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the f	ollowing:
	Shawn Morrell		
		Name of	Person
	Shawn's Beach Service, LLC		
		Firm/Co	mpany
	300 cabana cay circle Apt. 221		
		Addr	988
	Panama City Beach, Florida. 324	13	
	morrellshawn@gmail.com	City/State an	d Zip Code
	E-mail address: (to be us	ed for future a	nnual report notification)
For further	information concerning this matter, ple	ase call:	
	Shawn Morrell	904	708-1859
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125,00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	0 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

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Shawn's Beach Service, LLC

SECRETARY OF STATE

(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:

<u>Principal</u>	Office Address:		<u>Mailin</u>	g Address:
300 cabana cay circle Apt.	221	300	cabana cay circle Apt	. 221
Panama city Beach	Florida 32413	Pa	nama city Beach	Florida 32413
business entity with an act	·	n.)	You must designat	e an individual oi
business entity with an act	ive Florida registration	n.)	You must designat	e an individual o
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business entity with an act	ive Florida registration	agent are:	You must designat	e an individual o
business entity with an act	ive Florida registration dress of the registered Shawn Morrell	agent are: Name		e an individual o
usiness entity with an act	tive Florida registration dress of the registered Shawn Morrell 300 cabana cay circle Ap	agent are: Name		e an individual o

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 Rosition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title:	Name and Address: 16 MAR 21 PM 3: 11
"AMBR" = Authorized Member	
"MGR" = Manager	SECRETARY OF STATE TALLAHASSEE FLORIDA
	
EV: Effective date, if other than the date ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
ective date is listed, the date must be sp of filing.) The date inserted in this block does not rement's effective date on the Department	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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