

L160000084678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAY 04 AM 10:43

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2016

JOYCE CROMARTY  
9100 W BAY HARBOR DR  
BAY HARBOR ISLAND, FL 33154

SUBJECT: BEACH BYTES LLC  
Ref. Number: W16000004748

We have received your document for BEACH BYTES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 516A00001503

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16 MAY - 4 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEACH BYTES 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:

JOYCE CROMARTY  
Name of Person

9100 W BAY HARBOR DR 8D  
Address

BAY HARBOR ISLAND FL, 33154  
City/State and Zip Code

JCROMARTY@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOYCE CROMARTY at (786) 306-3067  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: \$ 47.50

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

☒ The difference of \$87.50  
and \$125.00 = \$47.50

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACH BYTES "LLC."

(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:

9100 W. BAY HARBOR DRIVE  
APT 80  
BAY HARBOR ISLAND FL  
33154

Mailing Address:

9100 W BAY HARBOR DRIVE  
APT 80  
BAY HARBOR ISLAND FL. 33154

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:

Robert Harbaugh  
Name

9100 W. BAY HARBOR DRIVE 80

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

BAY HARBOR ISLAND FL, 33154  
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..

Robert Harbaugh  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

JOYLE CROMARTY

9100 WEST BAY HARBOR DR  
APT 80,  
BAY HARBOR ISLAND FL, 33154

MGR

JAMES W LARKIN

19 HEATHER WAY  
NEW TOWN SQUARE  
P.A 19073

(Use attachment if necessary)

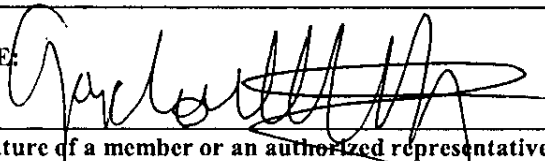
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

JOYLE I CROMARTY

Typed 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)

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MAY 16 2013  
TALLAHASSEE, FLORIDA

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