# L1600144386

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

ŝ

Ĩ,

Office Use Only



08/05/16--01001--012 \*\*250.00

16 AUG -4 PH 3: 55

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 8-4-16

ENTITY NAME:

BEACH (JOL, LLC

## **\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

Plain Copy

Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\*** 

Document Number:\_\_

\_\_\_\_ Certified Copy of Arts & Amendments

\_\_\_\_ Certificate of Good Standing

## **\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION\_

NUMBER OF CERTIFICATES REQUESTED\_\_\_\_\_

TOTAL AMOUNT OWED: <u>25</u> CHECK NUMBER: <u>2754</u> PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

Ϋ.

|T|

#### ARTICLE I: NAME

1

The name of the Limited Liability Company is:

BEACH GOL, LLC

#### ARTICLE II: Address

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

### 290 174TH ST APT 805 SUNNY ISLES BEACH, FL 33160

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE The name and the Florida street address of the registered agent are:

MAURO N VIERA GALAIN 290 174TH ST APT 805 SUNNY ISLES BEACH, FL 33160

Having been named as registered agent 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.

X MAURO N VIERA GALAIN

/ Registered Agent's Signature

# FILED

## PAGE 2 BEACH GOL, LLC

16 AUG -4 PM 2:47

ARTICLE IV: The name and address of each person authorized to manage STATE and control the Limited Liability Company. AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR: MAURO N VIERA GALAIN 290 174TH ST APT 805 SUNNY ISLES BEACH, FL 33160

AMBR: MARIO S VIERA GALAIN 290 174TH ST APT 805 SUNNY ISLES BEACH, FL 33160

AMBR: DIEGO R GODIN LEAL 290 174TH ST APT 805 SUNNY ISLES BEACH, FL 33160

AMBR: GONZALO CASTRO IRIZABAL 290 174TH ST APT 805 SUNNY ISLES BEACH, FL 33160

#### ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

Х

MAURO N VERA GALAIN Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)