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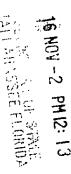
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Artistic Development 30A, 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:
Matt Staver
Name of Person
Artistic Development 30A Firm/Company
3925 W. GO HWY 30A, unit H
Santa Rosa Beach FL, 32459 City/State and Zip Code Blueprin+2212@amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matt Staver at (850) 333-9265 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{155.00 \text{ Filing Fee} & \text{Certified Copy} & \text
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Arth (Must end w		OMCV iability Com	+ 30A, LL C		
ARTICLE II - Address: The mailing address and street add	dress of the principal offi	ce of the Lin	nited Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Ad	ldress:	
3925 W Co Somta Ros	0 Hwy 304, 11 9 Beach, FL 32459	mIH =	4421 Commo	ns Dr.E,Si 32941	uite B-108
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own R	egistered Ag		individual or 100 - 2	
The name and the Florida street ac	dress of the registered a	gent are:			
	Mat	T Stat	ver	EF FLORI	
	1	Name			
	4421 comr	nons 1	Dr. E. Suite B.	-10名 号 6	L)
	Florida street address (P.O. Box N	OT acceptable)		•
	Destin	FL	32541		
	City	State	Zip		
Having been named as registered as place designated in this certificate, I further agree to comply with the pro	hereby accept the appoin	ntment as reg	ristered agent and agree to a	ict in this capacity. I	ı

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Matt Staver 4421 Cammons Dr & Suite B-1 Destin, FL 32541
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	<u> </u>
CLE V: Effective date, if other than the date frective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 day at meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.) If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 day at meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of filing.) If the date inserted in this block does no cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 day at meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exer	t meet the applicable statutory filing requirements, this date will not be not of State's records. Manual American State of a member or an authorized representative of a member occurrence with section 605,0203 (1) (b). Florida Statutes.
CLE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exer	t meet the applicable statutory filing requirements, this date will not be not of State's records. The member of an authorized representative of a member cuted in accordance with section 605.0203 (1) (b), Florida Statutos alse information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exer	member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b), Florida Statutos in formation submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.