UN0000430716

(Requestor's Nam	ne)
. .	•
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity I	Name)
(Document Numb	per)
(======================================	,
Certified Copies Certification	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



100294887061

02/21/17--01014--012 **130.00

TEB 21 AM 5: 2

SECRETARY OF STATE

AND AHASSEE, FLORID

COVER LETTER

	New rining Section Division of Corporations
SUBJEC	Beach Maintenance & Repair LLC
SOBOLE	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Cecil E Hanks Jr
	Name of Person
	Beach Maintenance & Repair LLC
	Firm/Company
	P O Box 2285
	Address
	Santa Rosa Beach, FI 32459
	City/State and Zip Code rhatbeach@embarqmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Rusty Hanks 205 205-960-5360 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Company is:			
Beach Maintenance & F				
(Must contain	the words "Limited L	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the principal off	ice of the Limited	d Liability Company is:	
Principal (Office Address:		Mailing Addre	ess:
63 Sandy Lane, Unit 20	2	PΟ	Box 2285	
Santa Rosa Beach, FL	32459	San	ta Rosa Beach, FL 32459	
		agent are:		
<u>1</u>	David Williamson	Name		
<u>1</u>	David Williamson	Name Suite 101	acceptable)	
<u>1</u>	David Williamson 5410 E Co Hwy 30A,	Name Suite 101	acceptable)	
<u>-</u>	David Williamson 5410 E Co Hwy 30A, Florida street address	Name Suite 101 (P.O. Box <u>NOT</u> a	•	

(CONTINUED)

17 FEB 21 AM 5: 28
SECRETARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Cecil E Hanks PO Box 2285 Santa Rosa Beach, FL 32459 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/01/2017 ... (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.

Cecil E Hanks

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)