L1700004-7776

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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BECRETARY OF STATE
ALLAHASSEE FLORIDA

2 03/06/17

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJEC	Waichu Beach Road Associates L	LC		
SUBJEC		Limited Liabil	ity Company	_
The encl	osed Articles of Organization and fee(s) are submitted	for filing.	
Please ro	eturn all correspondence concerning this	s matter to the	following:	
	Dawn M. Carlton			
		Name of	Person	
	Waiehu Beach Road Associates LL	С		
		Firm/Co	ompany	-1
	3948 3rd Street South, #311			
		Addı	ess	
	Jacksonville Beach, FL 32250 (mai	ling address)		
	dcarlton@middiv.com	City/State an	d Zip Code	
	· · · · · · · · · · · · · · · · · · ·	sed for future	nnual report notification)	
For furthe	r information concerning this matter, pl	ease call:		
	Dawn M. Carlton	386	449-9767	
	Name of Person	Area Code	Daytime Telephone Number	-
Enclosed	l is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee & Certificate of Status	└── Certifi	al copy is enclosed) Certified (e of Status &
	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

	ce of the Limited Liab	ility Company is:			
	Waiehu Beach Roa	nd Associates LLC			
	(Must co	ntain the words "Limited Li	ability Comp	any, "L.L.C.," or "LLC.")	
	E II - Address: ing address and street	address of the principal offi	ce of the Lin	nited Liability Company is:	
	<u>Princ</u>	ipal Office Address:		Mailing Add	ress:
	2103 1st Street Soi	ıth		3948 3rd Street South, #311	
	Jacksonville Beach			Jacksonville Beach, FL 3225	50
		James N. Gordon	Name		
The name	e and the Florida stre	et address of the registered a	gent are:		
			Nomo		
		3948 3rd Street South, Florida street address (T acceptable)	
			r.O. Box <u>Nt</u>	A acceptable)	
		Jacksonville Beach	FL	32250	
		City	State	Zip	
place desig further agr	gnated in this certifica see to comply with the	te, I hereby accept the appoir provisions of all statutes rela	ntment as reg ting to the pi	r the above stated limited lial istered agent and agree to act oper and complete performan ent as provided for in Chapte	in this capacity. I ace of my duties, and I
		Register	d Agent's Si	gnature (REQUIRED)	Ā∽ →

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ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	James N. Gordon
	3948 3rd Street South, #311
	Jacksonville Beach, FL 32250 (Mailing address)
	·
 	
	
effective date is listed, the date mu	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than effective date is listed, the date mue of filing.) If the date inserted in this block details the date inserted in this block details.	et be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than effective date is listed, the date mu e of filing.)	et be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be li
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CLE V: Effective date, if other than effective date is listed, the date muse of filing.) If the date inserted in this block decument's effective date on the Dep CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be light remember of State's records.
CLE V: Effective date, if other than effective date is listed, the date muse of filing.) If the date inserted in this block decument's effective date on the Dep CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)