

6/27/2017

U7000138955

Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

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(((H17000170114 3)))



H170001701143ABCW

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Beaches Holdings 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

17 JUN 27 PM 4:04

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 27 AM 9:00

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACHES Holdings I LLC

(Must contain 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:Mailing Address:9131 Anson Way, Suite 304
Raleigh, NC 276159131 Anson Way, Suite 304
Raleigh, NC 27615

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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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.

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By: Janifer Vincent

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMDR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Darin Jay Hill9131 Anson Way, Suite 304, Raleigh, NC 27615

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/21/2017 (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.317.155, F.S.

Douglas Driver
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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Denise Blackwell-Pineda

RUSH

Fax Cover Sheet

Send to: DEPT OF STATE - DIVISION OF CORPORATION ATTN: 850-617-6381	From: Olga Molina - 305/372-0933 ext 259
	Date: June 27th, 2017
<p>RUSH</p>	Re.: FOREIGN NAME REGISTRATION R & T PHARMACY CORP **CANCELLED**

☐ Urgent
 ☒ Please Reply ASAP
 ☐ Please comment
 ☐ Please review
 ☐ For your information

Total pages, including cover: **4**

Notes:

Attached is copy of fax transmittal requesting to CANCEL the above and provide a credit unto our account in March 6th, 2017.

As of this writing, our account has not received a credit in the amount of \$87.50.

Please provide the status on said credit.

Thanking you in advance for your anticipated courtesy and cooperation in this matter and should you have any questions, do not hesitate to contact our office.