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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

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

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****PLEASE GIVE ORIGINAL SUBMISSION DATE 8/10/17****

FLORIDA LIMITED LIABILITY CO.
PITCHFORD JENSEN BEACH, LLC

Certificate of Status	1
Certified Copy	1
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Electronic Filing Menu Corporate Filing Menu Help

August 11, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, LLC

,

SUBJECT: PITCHFORD JENSEN BEACH, LLC
REF: W17000065883

****PLEASE GIVE ORIGINAL SUBMISSION FILING DATE 8/10/17****

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000212333
Letter Number: 017A00016416

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pitchford Jensen Beach, 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:

Scott Massey
Name of Person

Firm/Company

2020 Ponce De Leon Blvd., Suite 1005-A
Address

Coral Gables, FL 33134
City/State and Zip Code

ScotMwassey@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ScotMwassey 214 207-3430
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Pitchford Jensen Beach, 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:
2020 Ponce De Leon Blvd., Suite 1005-A	2020 Ponce De Leon Blvd., Suite 1005-A
Coral Gables, FL 33134	Coral Gables, FL 33134

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 limited liability entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Scott Massey
Name

2020 Ponce De Leon Blvd., Suite 1005-A
[Florida street address (P.O. Box NOT acceptable)]

Coral Gables FL 33134
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.

Registered Agent's Signature (REQUIRED)

-CONTINUED-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

Scott Massey
2020 Ponce De Leon Blvd., Suite 1005-A
Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (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 on the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

SIGNATURE(S) FOR FILING:

Signature of a member or an authorized representative of a member
This document is executed in accordance with section 605.0204 (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 817.155, F.S.

Scott Massey
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)
$ 8.75 Certificate of Status (Optional)