

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000212333 3)))



H17000212333ABCW

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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.****

Email Address: _____

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

FLORIDA LIMITED LIABILITY CO.
PITCHFORD JENSEN BEACH, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

PLEASE GIVE ORIGINAL SUBMISSION DATE 8/10/17

Electronic Filing Menu

Corporate Filing Menu

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2017 AUG 11 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
17 AUG 11 PM 3:13
BUREAU OF COMMERCIAL
INFORMATION SERVICES



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 11 AM 11:18

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pritchard Jensen Beach, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees are submitted for filing.

Please route all correspondence regarding 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)

ScottMassey@Gulfstream-group.com

(E-mail address; do not use for Annual Report notification)

For further information concerning this matter, please call:

Scott Massey 214 407-3430

(Name of Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &
Certificate of Status

☐ \$152.00 Filing Fee &
Certified Copy

(additional copy is enclosed)

☐ \$120.00 Filing Fee,
Certificate of Status &
Certified Copy

(additional copy is enclosed)

Mailor Address:
New Filing Section
Division of Corporations
P.O. Box 6341
Tallahassee, FL 32314

Express Address:
New Filing Section
Division of Corporations
Citizens Building
3601 Broadway Center Circle
Tallahassee, FL 32301

ARTICLE I - ORGANIZATION OF 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," "LLC," 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, Coral Gables, FL 331342020 Ponce De Leon Blvd., Suite 1005-ACoral Gables, FL 33134Coral 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 natural entity with an active Florida registration.)

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

Scott Massay2020 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 named limited liability company in the place designated by this certificate, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I, for myself and my heirs, assigns and assigns, do hereby agree to hold harmless and defend the company from and against the consequences of any action or liability which may be brought against me by any third party.

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

AMBR

Name and Address

Scott Massey
 2020 Florida Dr. Linc Blvd. Suite 1005-A
 Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V- Effective Date, if other than the date of filing:

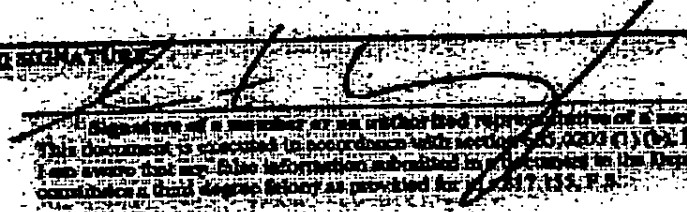
(OPTIONAL)

(If an effective date is stated, the date must be specific and cannot be more than five business days prior to or 30 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:

PROPOSED SIGNATURE



Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.020(1)(b) of the Florida Statutes.
 I am aware that my false information submitted in connection to the Department of State
 constitutes a third degree felony as provided for in 817.131, F.S.

Scott Massey

(Typed or printed name of signer)

Agent Fees

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$25.00 Certified Copy (Optional)
- \$ 6.00 Certificate of Status (Optional)