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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial instructions to	Tilling Officer.	

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
Your Beachfront Getaway 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:
Jefferey Hancock
Name of Person
Your Beachfront Getaway LLC
Firm/Company
675 Scenic Gulf Drive #301C
Address
Miramar Beach, FL 32550
City/State and Zip Code
info@miramarbeachcondominiums.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jefferey Hancock 9630049
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ay LLC	11 1 11 12 0 W 1 0 7 W	10"		
	(Must end with the words "	Limited Liability Company, "L.L.C.," or "L	LC. )		
ARTICLE II - Addi					
The mailing address	and street address of the pri	ncipal office of the Limited Liability Compa	any is:		
Principal Office Ad	dress:	Mailing Address:			
675 Scenic Gulf Drive #	301C	1203 Briley Court			
	50	Dacula, GA 30019			
Miramar Beach, FL 325	JU				
ARTICLE III - Reg (The Limited Liabilit	istered Agent, Registered y Company cannot serve as	Office, & Registered Agent's Signature: its own Registered Agent. You must design	nate an individu	ıal or	
(The Limited Liabilit another business ent	istered Agent, Registered	Office, & Registered Agent's Signature: its own Registered Agent. You must design gistration.) egistered agent are:	nate an individu	18	
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Registered Agent's Signature (REQUIRED)

Chapter 605, F.S.,

Dan Keen - Manager

Page Lof 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" = Manager	
AMBR	Jefferey Hancock
	675 Scenic Gulf Drive #301C
	Miramar Beach, FL 32550
AMBR	Angeline Hancock
	675 Scenic Gulf Drive #301C
	Miramar Beach, FL 32550
ective date is listed, the date must be sp	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spoof filling.)	of filing:
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