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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SESPEIARY OF STATE
ALLASASSEE, FLORIDA

FEB 12 2018 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Beach House Entertainment 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:
Kervin Alexandre
Name of Person
Firm/Company
3950 Lon; 8+
West Palma Beach, FL: 33403 City/State and Zip Code
Beach House Entertainment @ Yahou (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Beach House Entertain ment (Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
3950 Loni St WPB FL 33403	3950 Loni St WPB FL33403
(The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are \[\lambda \text{CYUV} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e:
Name	
Florida street address (P.O. Bo	201:0
<u>Wiest Palmi Brach</u> FL	
laving been named as registered agent and to accept service of prodlace designated in this certificate. I hereby accept the appointment out the agree to comply with the provisions of all statutes relating to m familiar with and accept the obligations of my position as registed.	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I
(CONT	TALLAPASSEE, FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	Kervin Alexandre
	3950 Loni St NPB FL 33403
Ληγη	
AMBR	Gebeto Andre 4763 N. Australian Ave Aft LOI
MGA	WPB FL 33407
MGA	Gulesaint Nochsaint
	3239 Stacy St API C
	WIB FL 334/7
(Use attachment if necessary)	
	fate of filing: $0 - 01 - 1018$. (OPTIONAL)
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ARTICLE IV-