

**L18000163932**

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

From: Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, JR.  
Account Number : 120050000145  
Phone : (813)988-5500  
Fax Number : (813)988-5510

**\*\*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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2018 JUL -6 PM 3:04

FLORIDA  
DIVISION OF  
CORPORATIONS  
COMMERCIAL  
SERVICES



**FLORIDA LIMITED LIABILITY CO.**  
**Ayfigg Beach Property, LLC**

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

**C RICO**  
**JUL 06 2018**

**ARTICLES OF ORGANIZATION  
OF  
AYCRIGG BEACH PROPERTY, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is AYCRRIGG BEACH PROPERTY, LLC, ("company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
1340 Magnolia Ave.  
Winter Park, Florida 32789

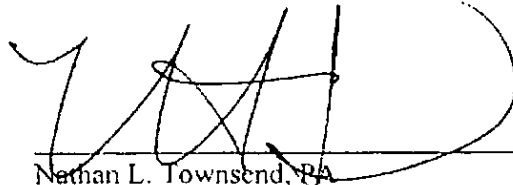
Mailing Address:  
1340 Magnolia Ave.  
Winter Park, Florida 32789

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Nathan L. Townsend, PA  
1000 Legion Place., Ste. 1200  
Orlando, Florida 32801

*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.*

  
\_\_\_\_\_  
Nathan L. Townsend, PA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL -6 PM 2:01

## ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

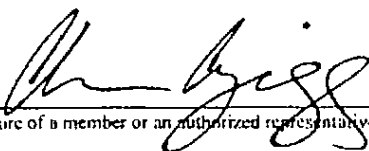
"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Christopher Aycrigg  
1340 Magnolia Ave.  
Winter Park, Florida 32789

**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.817.155, F.S.

Christopher Aycrigg

\_\_\_\_\_  
Typed or printed name of signee