19000096563

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

K. PAGE. APR 1 6 2019



600327396456

04/08/19--01016--014 **125.00

OND IN SHEET HAVE

19 AFR -8 AM 9: 23

COVER LETTER

Division of Co			
SUBJECT:	TC BEACHS & Name of Limit	OF RENTALS , ed Liability Company	LLC.
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	CHRISTY M	Name of Person	
	TC BEACHS	INE RENTALS Firm/Company	LLC.
	4050 N 28S.	Address	
	CALA FLA City HRIS - MARTI E-mail address: (to be used for	3 4475 y/State and Zip Code w/ 5 Va mana Cor or future annual report notification	- MAIL . Com
	oncerning this matter, please o		
CHRISTY Nai	Marrid at (Some of Person Are	752) 20 5-3980 a Code Daytime Telephone	f Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Divis P.O.	ing Address Filing Section sion of Corporations Box 6327 hassee, FL 32314	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	lity Company is:			
Te	BEACHSIDE ntain the words "Limited Lia	RENTAL	s LLC.	
(Must co	ntain the words "Limited Lia	ibility Company.	'Ĺ.L.C.,'' or ''LLC.'')	
ARTICLE II - Address: The mailing address and street	address of the principal offic	ce of the Limited	Liability Company is:	
<u>Prine</u>	ipal Office Address:		Mailing Add	lress:
4050 A Ocaha	1 US HWY 441 FL 34475		Samk	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its own Re	egistered Agent. Y		ndividual or
The name and the Florida stre	et address of the registered as	gent are:		
	CHRISTY	MARTIN		
	1	Same		
	4050 11 2	45 464 4	4/	
	4050 A 2 Florida street address (P.O. Box <u>NOT</u> ac	cceptable)	
	<u>Deala</u> City	FLA	34475	
	City	State	Zip	
Having been named as registered place designated in this certification further agree to comply with the am familiar with and accept the	te, I hereby accept the appoin provisions of all statutes rela obligations of my position as	ntment as registere ting to the proper registered agent a	d agent and agree to ac and complete performa	t in this capacity. I nce of my duties, and I
	((CONTINUED)		19 APR -8 40

ARTICLE IV-

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

ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records.		1 Member			
(Use attachment if necessary) CLEV: Effective date, if other than the date of filing: (OPTIONAL) (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be librateries of a metally 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. Halsty H	N/II - M = 3.4303444F				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ligation of the date on the Department of State's records. (ILE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metable 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. Halsty Jantin			CHRISTY MARTI	~	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ligation of the date on the Department of State's records. (ILE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metable 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. Halsty Jantin		-	4050 N 205 NOY	441	-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			OCALA FL 3447	'5	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:					
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		_			-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:					
(Use attachment if necessary) CLE V: Effective date, if other than the date of filling:					-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:					
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		_	· · · · · · · · · · · · · · · · · · ·		-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:					-
CLE V: Effective date, if other than the date of filing:					-
CLE V: Effective date, if other than the date of filing:					
CLE V: Effective date, if other than the date of filing:		_			-
REOURED SIGNATURE: Comparison of a member of 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 statutory filing requirements. Comparison of the Department of State information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Comparison of the Department of State information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Comparison of the Department of State information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Comparison of the Department of State information of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Comparison of the Department of State information of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Comparison of the Department of State information and Designation of Registered Agent in the Department of State information and Designation of Registered Agent in the Department of State information and Designation of Registered Agent in the Department of State information and Designation of Registered Agent in the Department of State information and Designation of Registered Agent in the Department of State i					-
REOURED SIGNATURE: REOURED SIGNATURE: Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)					-
REOURED SIGNATURE: REOURED SIGNATURE: Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree felony as provided for in s.817.155, F.S. Constitutes a third degree for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	(Has attack	Amana			
ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lighter than the interpretation of the Department of State's records. CLE VI: Other provisions, if any. 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. CHRISTY MARTIN Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	(Ose attachment if nec	essary)			
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. 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) \$5.00 Certificate of Status (Optional)	If the date inserted in thi			his date will n	ot be lis
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. 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) \$ 5.00 Certificate of Status (Optional)	If the date inserted in thi current's effective date of	n the Department of State		his date will n	ot be lis
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. 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) \$ 5.00 Certificate of Status (Optional)	If the date inserted in thi current's effective date of	n the Department of State		his date will n	ot be lis
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. 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) \$5.00 Certificate of Status (Optional)	If the date inserted in thi cument's effective date of CLE VI: Other provisions.	n the Department of State'		his date will n	ot be lis
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. 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) \$5.00 Certificate of Status (Optional)	If the date inserted in thi cument's effective date of CLE VI: Other provisions.	n the Department of State' , if any. TURE:	s records.		ot be lis
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. HalsTy Mayin Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	If the date inserted in thi cument's effective date of CLE VI: Other provisions. REQUIRED SIGNAT	n the Department of State' , if any. FURE:	martu-		ot be lis
Constitutes a third degree felony as provided for in s.817.155, F.S. HalsTV Marin Solution Property	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNAT	n the Department of State', if any. FURE: Signature of a mercipe) or	Martha- r an authorized representative of a men	nber.	-
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) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNATION OF THE	n the Department of State', if any. FURE: Signature of a member or ocument is executed in according to the component of the	r an authorized representative of a men cordance with section 605.0203 (1) (b), F	nber. Iorida Statutes	-
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNATION OF This display is an area.	r the Department of State', if any. FURE: Signature of a member or ocument is executed in accurate that any false informations.	r an authorized representative of a men cordance with section 605.0203 (1) (b), Fation submitted in a document to the Depa	nber. lorida Statutes ertiment of State	- - s. c
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNATION OF This display is an area.	TURE: Signature of a member or ocument is executed in accuracy that any false informatutes a third degree felony and the content of the cont	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. lorida Statutes ertinent of State	- 3. 6
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNATION OF This display is an area.	TURE: Signature of a member or ocument is executed in accuracy that any false informatutes a third degree felony and the content of the cont	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. lorida Statutes ertinent of State	- 3. 6
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNATION OF This display is an area.	TURE: Signature of a member or ocument is executed in accuracy that any false informatutes a third degree felony and the content of the cont	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. lorida Statutes artment of Statutes	- 3. 6
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNATION OF This display is an area.	FURE: Signature of a member or ocument is executed in actuate that any false informatutes a third degree felony: 14 RIS 7	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. lorida Statutes ertiment of State	- 3. 6
\$ 5.00 Certificate of Status (Optional)	If the date inserted in this cument's effective date of CLE VI: Other provisions. REOUIRED SIGNAT This d I am a constitution	FURE: Signature of a member or ocument is executed in accurate that any false informatutes a third degree felony: 14 R.1.5 T	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. Iorida Statutes artiment of Statu	- 3. 6
5 Stot Certificate of Status (Optional) Sp. 10 11.4.	If the date inserted in this cument's effective date of CLE VI: Other provisions. REQUIRED SIGNAT This did am a constitution of the constitution	FURE: Signature of a member of ocument is executed in accurate that any false informations a third degree felony of the Articles of Organization	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. Iorida Statutes artiment of Statu	- 3. 6
	REQUIRED SIGNAT This d I am a constit \$125.00 Filing Fee f \$ 30.00 Certified C	FURE: Signature of a member of ocument is executed in activate at third degree felony of the Articles of Organizations (Optional)	r an authorized representative of a men cordance with section 605.0203 (1) (b), F ation submitted in a document to the Depa as provided for in s.817.155, F.S.	nber. Iorida Statutes artiment of Statu	- 3. 6