

L190000116987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

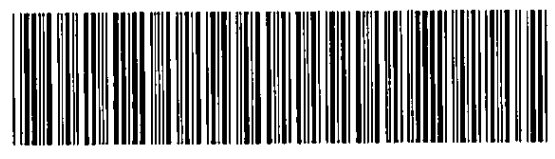
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19 MAY -8 AM 10:49
AT TALLAHASSEE, FL
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HSC WHITE SANDS PARTNERS 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:

GIL OSTERLOH

Name of Person

BEVERAGE LAW PROFESSIONALS

Firm/Company

11275 US HWY 98 W STE 6-305

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

johna@hixsnedeker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIL OSTERLOH 850 259-3541

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327

Street Address
New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HSC WHITE SANDS PARTNERS, LLC

(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

653 BEAL PKWY NW
FORT WALTON BEACH, FL 32547

Mailing Address:

PO BOX 130
DAPHNE, AL 36526

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 business entity with an active Florida registration.)

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

JOHNA FORWARD

Name

653 BEAL PKWY NW

Florida street address (P.O. Box **NOT** acceptable)

FORT WALTON BEACH FL 32547

City

State

Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 MAY -8 AM 11:02
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA

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:

JOHNA FORWARD

653 BEAL PKWY NW

FORT WALTON BEACH, FL 32547

AMBR

JENNIFER NYLANDER

653 BEAL PKWY NW

FORT WALTON BEACH, FL 32547

(Use attachment if necessary)

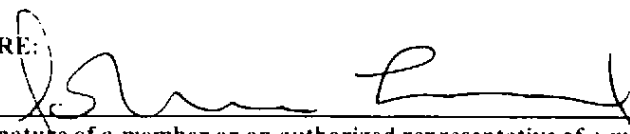
ARTICLE V: Effective date, if other than the date of filing: 05/07/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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 as the document's effective date on the Department of State's records.

ARTICLE 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.

JOHNA FORWARD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

FILED
2013 MAY - 8 AM 11:10
CLERK OF THE
DEPARTMENT OF
STATE