000144846

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800330487058

JUN 1 () 2019

K Brumbley

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/7/19

NAME: SALTY GIRLS BEACH SHOP LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

SALTY GIRLS BEACH SHOP LLC

2019 JUN - 7 AM 10: 47
-SEGRETARY OF STARS
TALLAHASSEE, PLORIDA

ARTICLE II ADDRESS

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

1 NW US HIGHWAY 19

CRYSTAL RIVER, FLORIDA 34428

ARTICLE III REGISTERED AGENT

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

DEANNA L BOYER

3840 N APALACHEE POINT

CRYSTAL RIVER, FLORIDA 34428

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.

DEANNA L BOYER / Registered Agent's Signature

PAGE 2 SALTY GIRLS BEACH SHOP LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
DEANNA L BOYER
3840 N APALACHEE POINT
CRYSTAL RIVER, FLORIDA 34428

AUTHORIZED MEMBER
DIONE L MOXLEY
11090 W THOREAU PLACE
CRYSTAL RIVER, FLORIDA 34428

DIONE L MOXLEY / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)