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## COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	BEACHSIDE BOUND LLC			
30 83 6 6	Name of Limited Liability Company			
The enclo	sed Articles of Organization and fee(s	) are submitted	for filing.	
Please ret	urn all correspondence concerning this	s matter to the f	ollowing:	
	DEBORAH S KARST			
		Name of	Person	
	BEACHSIDE BOUND LLC			
		Firm/Co	npany	
	1375 5TH STREET			
		Addre	ess	
	CLERMONT FL 34711			
	KARSTOUT@AOL.COM	City/State and	d Zip Code	
		sed for future a	nnual report notification)	
For further	information concerning this matter, pl	ease call:		
	DEBORAH KARST	352	2553929	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00 E	Filing Fee \$130.00 Filing Fee & Certificate of Status	L_J <sub>Certific</sub>	of Filing Fee & Side Copy Side Copy Side Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACHSIDE BOUND LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
iddress and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
75 5TH STREET, CLERMONT FL 34711	SAME
	ACHSIDE BOUND LLC  (Must contain the words "Limited Liab  1 - Address: address and street address of the principal office  Principal Office Address: 75 5TH STREET, CLERMONT FL 34711

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

Name

1375 5TH STREET

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

CLERMONT FL 34711

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)

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	RANDALL KARST		
	1375 5TH STREET		
	CLERMONT FL 34711		
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(Use attachment if necessary)			
LFV: Effective date if other than the date of fi	iling: (OPTIONAL)		
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Deborah S. Karst