

L19000 211246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

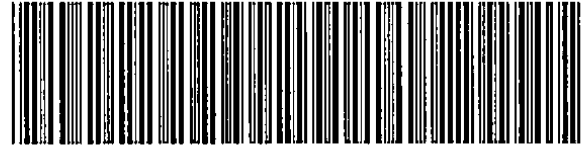
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

AUG 26 2019



600333108266

08/19/19--01034--007 **130.00

19 AUG 19 14 18:54

COVER LETTER

TO: New Filing Section
Division of Corporations

19 AUG 19 4 12 PM '05

SUBJECT: Aloha Beaches
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:

Ben York
Name of Person

Aloha Beaches
Firm/Company

112 Grove Isle Boulevard
Address

Panama City Beach, FL 32408
City/State and Zip Code

aloha beaches27@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben York at (228) 365-6017
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
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aloha Beaches, LLC

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

19 AUG 19 4 41 PM

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Aloha Beaches, LLC
112 Grove Isle Blvd.
Panama City Beach, FL 32408

Aloha Beaches, LLC
112 Grove Isle Blvd.
Panama City Beach, FL 32408

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:

Christa York
Name

112 Grove Isle Boulevard

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

Panama City Beach, FL 32408
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..

Christa C. York
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

AMBR

Ben York

112 Grove Isle Blvd.
Panama City Beach, FL 32408

Christa York

112 Grove Isle Blvd.
Panama City Beach, FL 32408

19 AUG 19 04:10 PM

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/10/2019 (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.

Ben York

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)