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COVER LETTER

	wision of Corporations		
SUBJECT	BEACHTON COUNTRY STOR	E, LLC	
300000		Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.
Please retui	rn all correspondence concerning this	s matter to the f	ollowing:
	Frances C. Lowe, Esq.		
		Name of	Person
	Lowe & Sparkman, P.A.		
		Firm/Co	mpany
	68-A Feli Way		
		Addr	ess
	Crawfordville, FL 32327		
		City/State and	d Zip Code
-	francie@lowesparkman.com	and for future o	nnual report notification)
			initial report norm cation,
For further in	nformation concerning this matter, pl	lease call:	
	Michelle Maloni	8 50	926-8245
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
] \$125.00 Fi	ling Fee \(\sum \frac{\frac{130.00}{\text{Filing Fee & Certificate of Status}}\)	: L—Certifi	0 Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ıe	
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The name of the Limited Liability Company is:

BEACHTON COUNTRY STORE, 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:	Mailing Address:
2195 Lake Bradford Road	2195 Lake Bradford Road
Tallahassee, Florida 32310	Tallahassee, Florida 32310

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:

	Name	
68-A Feli Way		
Florida street addres	is (P.O. Box <u>NOT</u> acc	eptable)
Crawfordville	<u> Florida</u>	<u> 32327</u>

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)

-2119-0C1-1-0-FH-12:-0/2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Josh & Spike Holdings, LLC
AMBR	2195 Lake Bradford Road
	Tallahassee, FL 32310
·	
(Use attachment if necessary)	
•	
•	date of filing: (OPTIONAL)
CLEV: Effective date, if other than the	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	oe specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Departructed VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of This document is e	not meet the applicable statutory filing requirements, this date will not be ment of State's records.

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)