## 1900026607

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVERLETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The Reaction of Limited 1	Sea Island PKWY, LLC inbility Company
The enclosed Articles of Organization and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	the following:
TW Beautout -	Sea I sland Pkwy LLCZ
2923 Crescen	+ Aue Salar
Drada tideux	tate and Zip Code  terdev. com
E-mail address: (to be used for fit For further information concerning this matter, please call	
Bradford R. Safley 85 Name of Person Area C	50 544-2905
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, Ft. 32314	Street Address  New Filing Section  Division of Corporations  Clitton Building  2664 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 323 14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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:

2923 Crescent Ave 2923 Crescent Ave

Homewood, AL 35209 Homewood, AL 35209

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:

3340 Capital Circle NE, Suite A
Florida street address (P.O. Box NOT acceptable)

Tallahaser 12 32308
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 existered agent as provided for in Chapter 605, F.S..

(CONTINUED)

ent's Signature (REQUIRED)

FILED

ARTICLE IV- The name and address of each person	on authorized to manage and control the Limited Liability Mange 31 74 2: 36
Title: "AMBR" = Authorized Member	Name and Address: St. URETARY OF STATE
"MGR" = Manager AMBI	Tiderater Development Enough LLC 2923 Croscont Ave
AMBR	JRJ Ventures LLC 1647 Kings Huy Colonial Beach, VA 20443
(Use attachment if necessary)	, ,
he date of filing \	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is I am aware that a	Typed or printed name of signee

 $\frac{Filing\ Fees;}{S125.00\ Filing\ Fee} See for Articles of Organization and Designation of Registered Agent}$ 

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)