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| (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: |
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Office Use Only



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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PICK U | P: | 01/10/2020 | | | |
|------------------|-----------------------------|----------------|-------------|-------|-------------|--|
| | CERTIFIED COPY | | | | | |
| xx | РНОТОСОРУ | | | | | |
| | CUS | | ··· | | | |
| xx | FILING | LLC | | | | |
| • | 30A BRAND HOLDINGS, L | LC T #) | | | | |
| • | (CORPORATE NAME AND DOCUMEN | Т#) | | | | |
| · _ | (CORPORATE NAME AND DOCUMEN | Τ#) | | | - | |
| · | CORPORATE NAME AND DOCUMEN | Τ#) | | | | |
| | CORPORATE NAME AND DOCUMEN | Τ#) | <u> </u> | · · · | | |
| • | (CORPORATE NAME AND DOCUMEN | T #) | | | | |
| PECIAL NSTRUC | | | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | | | | |
|---|--------------------------|-----------------|-----------------------------|--|--|--|--|
| 30A Brand Holdings, | | | | | | | |
| (Must const | in the words "Limited | Liability Comp | pany, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal o | ffice of the Li | mited Liability Company is: | | | | |
| Principal Office Address: | | | Mailing Address: | | | | |
| 5555 San Felipe, Suite 2100 | | | 5555 San Felipe, Suite 2100 | | | | |
| Houston, TX 77056 | | <u>-</u> | Houston, TX 77056 | | | | |
| 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: | | | | | | | |
| Registered Agent Solutions, Inc. | | | | | | | |
| | register of right Box | Name | | | | | |
| 155 Office Plaza Dr. Suite A | | | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | | | |
| Tallahassee, FL 32301 | | | | | | | |
| | 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.

(CONTINUED)

ASSISTANT Secretary

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager <u>AMBR/MGR</u> | 204 Barah Hara in Production |
| AMBIEMOR | 30A Beach Hospitality Holdings, LLC 5555 San Felipe, Suite 2100 |
| | Houston, TX 77056 |
| AMBR | Live Well Brand Holdings, LLC 311 East Point Washington Rd. |
| | Santa Rosa Beach, FL 32459 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the d If an effective date is listed, the date must be he date of filing.) | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after |
| | or meet the applicable statutory filing requirements, this date will not be listed as ant of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| Signature of a | member or an authorized representative of a member. |
| I his document is exe | cuted 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.

REAP Interests, LLC, Manager by Richard Epley, its Manager
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)