

L20000228647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W2-65153



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06/15/20--01029--008 \*\*125.00

C RICO  
JUN 15 2020

FILED  
JUL 15 2020  
DIVISION OF CORP. SEC. REG.  
20 JUN 15 PM 12:45

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BEACHES BREAKFAST  
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:

RANDY SLATER  
Name of Person

BEACHES BREAKFAST  
Firm/Company

3412 N. Ocean BLVD  
Address

Ft. Lauderdale 33308  
City/State and Zip Code

RANDALL SLATER 1959 (AT) G MAIL  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew/RANDY at (954) 383-8808  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beaches Break Fast L.L.C

(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:

RANDY SLATER  
10970 CAMERON CT  
DAVIE FLA 33324 #108

SAM F

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:

DREW ~~RANDY~~ SLATER

Name

10970 CAMERON CT 108

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

DAVIE FLA 33324

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.:

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
CLERK OF DISTRICT COURT  
DAVIE COUNTY, FLORIDA  
20 JUN 15 PM 12:45

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

\_\_\_\_ AMBR \_\_\_\_

Name and Address:

RANDY SLATER  
10970 CAMERON CT 108  
DAVIE Fla 33324

(Use attachment if necessary)

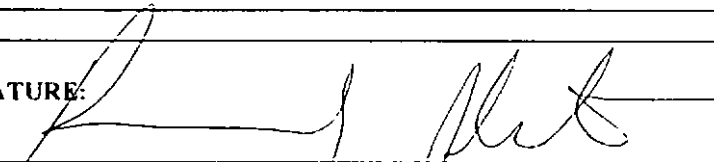
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

RANDY SLATER

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)**

FILED  
20 JUN 15 PM 1:45  
DAVIE FLA