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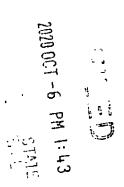
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PICK-UP	☐ WAIT	MAIL
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		COVER LETTER
TO:	New Filing Section Division of Corporations	Age of the same of
SUBJ	ECT: RBEACH	Pince 110
SUBJ	Nan Nan	ne of Limited Liability Company
• ~		
The er	nclosed Articles of Organization and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the following:
	JEG	c ROBINSON
		Name of Person
		Firm/Company
	2511	O ARROW WOOD DR. Address
		Address
	HUNTS.	City/State and Zip Code 35803 City/State and Zip Code
	Ta	City/State and Zip Code
	S mail address (to	be used for future annual report notification)
	n-man address. (to	be used for future annual report normeactory
For furt	her information concerning this matt	er, please call:
	SEFF ROBINSON	at (254) 797 - 0382
	Name of Person	Area Code Daytime Telephone Number
Enclo	sed is a check for the following amou	unt:
]\$ 125.	00 Filing Fee S130.00 Filing Certificate of S	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

R BEACH PLACE	LLC
(Must contain the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the L	Limited Liability Company is:
	Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal office of the I Principal Office Address:	
The mailing address and street address of the principal office of the L	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

CHARLES M. HUNTER

Name

2255 WELCOME WAY

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

THE VIIIAGES FL 32162

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 OCT -6 PM 1:43

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	JEFF ROBINSOND 2510 ARROW WOOD DR
AMBR	CHERYL ROBINSON 2510 ARROW WOOD DR
	-HUNTSVILLE, AL 35803
(Use attachment if necessary) TCLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
ICLE V: Effective date, if other than the reffective date is listed, the date must bate of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the reffective date is listed, the date must bate of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the a effective date is listed, the date must be ate of filing.) If the date inserted in this block does a locument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
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ICLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does not ment's effective date on the Department's effective date on the Department is effective. REQUIRED SIGNATURE: Signature of I am aware that any	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does comment's effective date on the Department of the	member or an authorized representative of a member. xeculed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
ICLE V: Effective date, if other than the reffective date is listed, the date must be ate of filing.) Effective date inserted in this block does a document's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not be list ment of State's records. The Louisian American State of a member of an authorized representative of a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. If also information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Gorganization and Designation of Registered Agent