L20000 332576

· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)	***
<u></u>	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
☐ PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer	
<u> </u>		

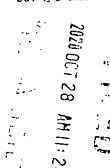
Office Use Only



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2020 OCT 28 PH 2: 0

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Thene. 556 556 1566
ACCOUNT NO. : 12000000195
REFERENCE: 489266 4304524
AUTHORIZATION: Synchole man
COST LIMIT : \$ (125/00
ORDER DATE: October 27, 2020
ORDER TIME : 12:34 PM
ORDER NO. : 489266-005
CUSTOMER NO: 4304524
DOMESTIC FILING
NAME: GOLDEN BEACH WAY LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT. 62968
EXAMINER'S INITIALS:

COVER LETTER

•

	New Filing Sec Division of Co				
SUBJEC		ach Way LLC			
30231.0	· · ·		mited Liabil	ity Company	
The enclo	osed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please re	turn all corresp	ondence concerning this ma	atter to the 1	ollowing:	
	Rebecca C.	Ceto			
			Name of	Person	
	Dentons US	LLP			
	<u></u>	-	Firm/Co	mpany	
	233 S. Waci	ker Drive, Suite 5900			
	_		Addr	ess	,
	Chicago, IL	60606			
	rebecca.ceto(Qdentons.com	ity/State an	d Zip Code	
		E-mail address: (to be used	for future a	nnual report notificat	ion)
or further	information co	ncerning this matter, please	e call:		
	Rebecca C. C		12	876-8000	
	Nam		rea Code	Daytime Telephon	
Enclosed	is a check for t	he following amount:			
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Golden Beach Way					_
(Must cor	natin the words "Limited	Liability Company	"L.L.C.," or "LLC.")		
RTICLE II - Address:					
ne mailing address and street	address of the principal of	office of the Limited	Liability Company is:		
<u>Princi</u>	rincipal Office Address: Mailing Addr		ress:		
9778 Bentgrass Ber	nd, Naptes, FL 34108	977	8 Bentgrass Bend, Naple	s, FL 34108	
· · · · · · · · · · · · · · · · · · ·			·····		-
<u> </u>					-
RTICLE III - Registered A	gent. Registered Office,	& Registered Age	nt's Signature:		- -
The Limited Liability Companiother business entity with an	iy cannot serve as its own active Florida registratio	n Registered Agent. on.) d agent are:		dividual or	2020 OCT 2
The Limited Liability Companiother business entity with an	y cannot serve as its own active Florida registration taddress of the registered	n Registered Agent. on.) d agent are:		•	20/20 OCT 28
RTICLE III - Registered Aprile Limited Liability Companion other business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration taddress of the registered	n Registered Agent. on.) d agent are: Company		•	28
The Limited Liability Compan nother business entity with an	y cannot serve as its own active Florida registration address of the registered Corporation Service	n Registered Agent. on.) d agent are: Company Name	You must designate an in	•	28
The Limited Liability Compan nother business entity with an	y cannot serve as its own active Florida registration address of the registered Corporation Service 1201 Hays Street	n Registered Agent. on.) d agent are: Company Name	You must designate an in	•	\sim

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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Amanda Robinson Asst. Vice President

ARTICLE IV-

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

Title: "AMBR" - Authorized Member	Name and Address;
"MGR" = Manager MGR	Edward Liddy, 9778 Bentgrass Bend, Naples, FL 34108
	-
	
(Use attachment if necessary)	
	date of filing: (OPTIONAL)
n effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
e: If the date inserted in this block does ned document's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
FICLE VI: Other provisions, if any,	S. S
REQUIRED SIGNATURE:	Rebecca Caro
	a member or an authorized representative of a member.
I am aware that any i	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

at a

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)

S 5.00 Certificate of Status (Optional)