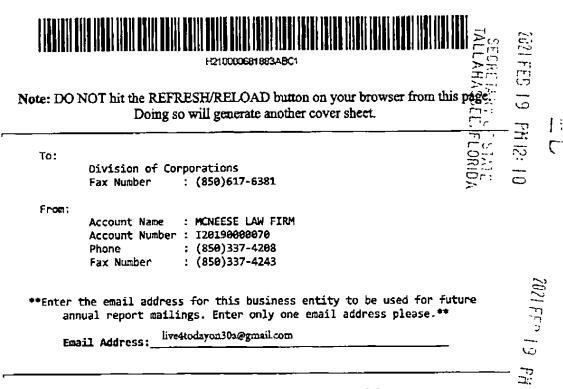
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L21000074982 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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FLORIDA LIMITED LIABILITY CO. The Best of 30A, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000068188 3)))

COVER LETTER

SUBJECT:	T	be Best Of 30A,	LLC	
SUBJECT: _	Name o	f Limited Liabili	ту Сошрапу	
The enclosed	Articles of Organization and fee(s) are submitted	for filing.	
Please return a	II correspondence concerning th	is matter to the fi	ollowing	
		Bobby \$	urles	
_		Name of	Person	
_		Firm/Con	noanv	
		133 Cypress		
_		Addre		
	!	Santa Rosa Beac	h, FL 32459	
		City/State and	•	
	E-mail address: (to be	<u>-</u>		ion)
For further infor	mation concerning this matter, p	lease call:		
	Bobby Suries	713	898-9232	
	Name of Person	Area Code	Daytime Telephon	ie Number
Enclosed is a c	heck for the following amount:			
★ \$125.00 Fili	ng Fee S130.00 Filing Fe Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	5	itrect Address	inicion
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	ž	treet Address New Filing Section Dr The Centre of Tallah	



February 19, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MCNEESE LAW FIRM

SUBJECT: THE BEST OF 30A, LLC

REF: W21000023105

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2%

We have received your document for THE BEST OF 30A, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II FAX Aud. #: H21000068188 Letter Number: 621A00003754

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3.67 (a. €). (2.168) (3.216) (6.179) (3.46) (a.

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P.O BOX 6327 - Tallahassee, Florida 32314

(((H21000068188 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Тъ	e Best Of 30A, Li	.c	
(Must co	ontain the words "Limited I	Lizbility Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	t address of the principal of	ffice of the Limite	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
133 Cypress Passa	gc	133	Cypress Passage	
Santa Rosa Beach,	FL 32459			
ARTICLE III - Registered A	gent, Registered Office, &	Registered Age	ta Rosa Beach, FL 32459	20211
(The Limited Liability Compa another business entity with a	gent, Registered Office, on ny cannot serve as its own n active Florida registration	& Registered Agent. Registered Agent. 1.)		FEB 19
(The Limited Liability Compa another business entity with a	gent, Registered Office, of ny cannot serve as its own in a active Florida registration et address of the registered	& Registered Agent. Registered Agent. 1.)	nt's Signature: You must designate an individual or	FEB 19
(The Limited Liability Compa another business entity with a	gent, Registered Office, of ny cannot serve as its own in a active Florida registration et address of the registered	& Registered Agent. Registered Agent. n.) agent are:	nt's Signature: You must designate an individual or	FEB 19
(The Limited Liability Compa another business entity with a	gent, Registered Office, on cannot serve as its own in active Florida registration at address of the registered Richard	& Registered Agent. Registered Agent. agent are: d S. McNeese Name	nt's Signature: You must designate an individual or FLOR	FEB 19 PH 12: 1
(The Limited Liability Compa another business entity with a	gent, Registered Office, on cannot serve as its own in active Florida registration at address of the registered Richard	& Registered Agent. a.) agent are: d S. McNeese Name	nt's Signature: You must designate an individual or EE FLORID The 1201	FEB 19
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	gent, Registered Office, on cannot serve as its own in active Florida registration at address of the registered Richard 36468 Emerald	& Registered Agent. a.) agent are: d S. McNeese Name	nt's Signature: You must designate an individual or EE FLORID The 1201	FEB 19 PH 12: 1

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..

Cogis ared Agent's Signature (REQUIFED)

(CONTINUED)

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<u>[ktle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		7 .
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		<u> </u>
		ASS I
AMBR	Bobby Surles	S
		[T] _
	Santa Rosa Beach, FL 32459	Ph 12:
	i e	
AMBR	Pennye Surles) Per ::
	133 Cvoress Passage	<u> </u>
	Santa Rosa Beach, FL 32459	
V: Effective date, if other than the ctive date is listed, the date must l	e date of filing: ———————————————————————————————————	or 90 days a
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