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

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Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 677193 4309487
AUTHORIZATION :
COST LIMIT: STEELO COST
ORDER DATE : February 23, 2021
ORDER TIME : 12:05 PM
ORDER NO. : 677193-005
CUSTOMER NO: 4309487
DOMESTIC FILING
NAME: 850 BEACH ROAD LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO: New Filin Division o	g Section f Corporations				
SUBJECT:	850 BEA	CH ROAD LLC			
	Name of	Limited Liability Company			
The enclosed Articl	es of Organization and fee(s)	are submitted for filing.			
Please return all cor	respondence concerning this	matter to the following:			
	КА	THY SACHELI			
		Name of Person			
	DA	Y PITNEY LLP			
		Firm/Company			
	263	3 TRESSER BLVD., 7TH FL.			
		Address			
	ST.	AMFORD, CT 06901			
	CBE	City/State and Zip Code ERMAN@GMAIL.COM			
		sed for future annual report notificat	ion)		
For further information	on concerning this matter, ple	ease call:			
КАТ	HY SACHEL! at a	(203) 977-7308			
	Name of Person	Area Code Daytime Telephor	ne Number		
Enclosed is a check	for the following amount:				
□\$125.00 Filing F	ce □\$130.00 Filing Fee Certificate of Status	& S155.00 Filing Fee & Centified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section		Street Address New Filing Section D			
Division of Corporations		The Centre of Tallah	The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLESUF	OKGANIZATION FOR	TLORIDA LIMI	TED DABILITY COMPANY	9601 (
ARTICLE I - Name:				2021 FEB 23	PM 12: 1.9
The name of the Limited Liability	v Company is:			SECTION.	
The name of the Emmed Edomi,	Conquery to			SECRETARY TALLAHAS	OF STATE
	050.05			TALLAHAS	SEE FI
		ACH ROAD LLC			-
(Must conta	in the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street ad	dress of the principal of	office of the Lim	ited Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Add	ress:	
850 BEACH RD.,	APT. 275		850 BEACH RD., APT. 27	75	
	IORES, FL 32963		INDIAN RIVER SHORES, FL 32963		
(The Limited Liability Company another business entity with an action of the name and the Florida street a	ctive Florida registratio	on.)	nt. You must designate an in	dividual or	
	Ū	HARLES H. BE	RMAN		
		Name			
	ρ	SO REACH RD	ΔPT 275		
	850 BEACH RD., APT. 275 Florida street address (P.O. Box NOT acceptable)				
		·	_ •		
	INDIAN RIVER SHORES, FL 32963				
	City	State	Zip		
Having been named as registered a	and and to account some	ica of procase to	r tha abova statod limitod liab	ility company at the	
raving ocen namea as registerea a place designated in this certificate, i					
further agree to comply with the pro					I
ım familiar with and accept the obl					
	Denutioned by				
	Charles Branco				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
AMBR, MGR	CHARLES H. BERMAN				
	850 BEACH RD., APT. 275				
	INDIAN RIVER SHORES, FL 32963				
	INDIAN RIVER SHORES, FL 32963				
AMBR, MGR	MELANIE K. BERMAN 置著 置				
	850 BEACH RD., APT, 275				
	INDIAN RIVER SHORES, FL 32963				
	** T				
	The state of the s				
	TT T				
					
					
(If an effective date is listed, the date must I the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department.	e date of filing:				
ARTICLE VI: Other provisions, if any.					
REOUIRED SIGNATURE: مسلمه المحادث	Agreed to Generalises Addressed 20				
Signature of	a member or an authorized representative of a member.				
I am aware that any	xecuted 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.				
	, , , , , , , , , , , , , , , , , , ,				
	CHARLES H. BERMAN				
	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)