

**L21000082105**

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.

((H21000076973 3)))



H21000076973ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SEA GLASS BEACH PLACE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

*SLC 2/26/21*

2021 FEB 24 PM 4:26

FILED

2021 FEB 24 AM 8:59

RECEIVED

RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

## COVER LETTER

TO: New Filing Section  
Division of CorporationsSUBJECT: Sea Glass Beach Place, LLC  
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:

Raymond Masucci

Name of Person

Firm/Company

2200 N Ocean Blvd, S302

Address

Ft Lauderdale, FL 33305

City/State and Zip Code

mepiccininni@rpmwarehouse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Piccininniat ( 718 ) 605-0900

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 AddressNew Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressNew Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 02-24-2021 BY 60322 UCBAW

2021 FEB 24 PM 4:26

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Sea Glass Beach Place, LLC

(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:2200 N Ocean Blvd, S302Ft Lauderdale, FL 33305Mailing Address:2900 Woodbridge AveEdison, NJ 08837

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Raymond MasucciName2200 N Ocean Blvd, S302Florida street address (P.O. Box NOT acceptable)Ft Lauderdale, FL 33305CityStateZip

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)

MAILED 02/24/2021

2021 FEB 24 PM 4:26

FILED

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager  
MGR

RSS Systems Inc.


2900 Woodbridge Avenue

Edison, NJ 08837

(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.

Raymond Masucci

\_\_\_\_\_  
Typed or printed name of signer**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)

2021 FEB 24 PM 4:26

FILED