

3/18/2021

Division of Corporations

421000113016Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CLARK, PARTINGTON, HART, LARRY, BOND, STACKHOUSE
Account Number : 071201002016
Phone : (850)434-9200
Fax Number : (850)208-7100

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

Email Address: bobbi@livluxecoastal.com**FLORIDA LIMITED LIABILITY CO.
LIV LUXE COASTAL PROPERTY MANAGEMENT LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

PLEASE NOTE
EFFECTIVE DATE
OF MARCH 17, 2021

Electronic Filing Menu

Corporate Filing Menu

Help

H21000109732 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIV LUXE COASTAL PROPERTY MANAGEMENT LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:13564 PERDIDO KEY DR.
PENSACOLA, FL 32507Mailing Address:13564 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

ARTICLE III - Registered Agent, Registered Office, & 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:

RISA R. ALT

Name

344 MIZZEN LANEFlorida street address (P.O. Box **NOT** acceptable)PENSACOLAFL32507

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.

Risa R. Alt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H21000109732 3

H21000109732 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

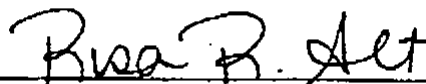
"MGR" = Manager

Name and Address:MGRRISA R. ALT
344 MIZZEN LANE
PENSACOLA, FL 32507MGRBOBBIE G. KRAMER
9977 PANDION TRAIL
PENSACOLA, FL 32507

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 17, 2021 (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.RISA R. ALT

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)

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H21000109732 3