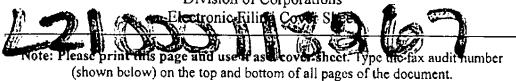
3/22/2021

Division of Corporations

Florida Department of State

Division of Corporations



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To:

Division of Corporations

fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)905-9880

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

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FLORIDA LIMITED LIABILITY CO. BEACH DREAMS VILLAS LLC

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The encid	osed Articles o	f Organization and fee(s) are submitt	ed for filing.		
		ondence concerning thi		_		
	STEVEN V	VEISS				
			Name	of Person		-
	ALLSTAT	E CORPORATE SERV	ICES CORP.			
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	Brooklyn, N	VY 11234	<u>.</u>			_
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For further	information co	oncerning this matter, pl	case call:			
	SAL ABECA	ASIS at	800	906-9220		
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□\$125.0¢	0 Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	and)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITYD LLABII 11Y COMPANY

BEACH DREAMS VII			
(Must contain	the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
JE II - Address:			
ing address and street addr	ess of the principal	office of the Lin	nited Liability Company is:
Principal (Office Address:		Mailing Address:
302 New Providence Pr	omenade	_	302 New Providence Promenade
Davenport, FL 33897 E III - Registered Agent.	Registered Office	& Registered A	302 New Providence Promenade Davenport, FL 33897 Agent's Signature: ent. You must designate an individual
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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..

Style Miss., ASSISTANT SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

QD -

(((H21000115144 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	SANYA ROSSER 186 BEDFORD AVE MERRICK, NY 11566		
AMBR	IIBLEN KNIGHT 186 BEDFORD AVE MERRICK, NY 11566		
(Use attachment if necessary)			
LEV: Effective date, if other than the date fective date is listed, the date must be sp	of filing: (OPTIONAL	L)	
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