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7/13/2021

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BOESCH BEACH HOUSE, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

COVER LETTER

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	ew Filing Sectivision of Con			
SUBJECT		ach House, LLC		
COBCE	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retu	rn all correspo	ondence concerning this ma	itter to the following:	
	Paul Gionis			
			Name of Person	
	Gionis, Lilly	& Romero, PLLC		
			Firm/Company	
	1299 Main S	Street, Ste C		
			Address	
	Dunedin, FL	, 34698		
			ity/State and Zip Code	
-	pgionis@gior			
	I	E-mail address: (to be used	for future annual report notificat	ion)
For further is	nformation co	ncerning this matter, please	call:	
	Paul Gionis		27 446-3333	
	Nam		rea Code Daytime Telephor	ne Number
Enclosed is	a check for t	he 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)
	_	g Address	Street Address	
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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bocsch Beach House	, LLC			
(Must conta	in the words "Limited Li	iability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street ad	Idress of the principal off	fice of the Limit	ed Liability Company is:	
<u>Principa</u>	il Office Address:		Mailing Address:	
1375 S. Fort Harrison	ı Avenue	P <u>.</u>	O. Box 2256	
Clearwater, FL 33756	5		learwater, FL 33757-2256	
ARTICLE III - Registered Age	nt, Registered Office, &	Registered Ag		<u></u>
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & cannot serve as its own Foctive Florida registration	Registered Agen	gent's Signature:	SECT
ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & cannot serve as its own Foctive Florida registration	Registered Agen	gent's Signature:	TALLS
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & cannot serve as its own Foctive Florida registration address of the registered and Gionis, Lilly & Romes	Registered Agen Agent are:	gent's Signature:	TALL TALL TALL
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & cannot serve as its own Foctive Florida registration address of the registered and Gionis, Lilly & Romes	Registered Agen .) agent are:	gent's Signature:	TALL SECTION
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & cannot serve as its own Foctive Florida registration address of the registered and Gionis, Lilly & Romes	Registered Agen .) agent are: ro, PLLC Name	gent's Signature:	TALUTE TALUTE
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & cannot serve as its own foctive Florida registration address of the registered a Gionis, Lilly & Rome	Registered Agen .) agent are: ro, PLLC Name	gent's Signature: It. You must designate an individual or	TALL WEST
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	ent, Registered Office, & cannot serve as its own foctive Florida registration address of the registered and Gionis, Lilly & Romer 1299 Main Street, Ste	Registered Agen .) agent are: ro, PLLC Name	gent's Signature: It. You must designate an individual or	TALL STATE FL

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)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
5	INCLU AND CINANCIAL CENTED LLC
MGR_	HIGHLANDS FINANCIAL CENTER, LLC 1375 S FT HARRISON AVE
	CLEARWATER, FL 33756
	
(Use attachment if necessary)	the date of filing:(OPTIONAL)
FICLE V: Effective date, if other than n effective date is listed, the date mutate of filing.) e: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than n effective date is listed, the date mutdate of filing.) (e: If the date inserted in this block do document's effective date on the Department.)	es not meet the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than in effective date is listed, the date mutdate of filing.) te: If the date inserted in this block do document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than in effective date is listed, the date mut date of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than n effective date is listed, the date mustate of filing.) Le: If the date inserted in this block do document's effective date on the Department's effective date on the Department of the document is a makened to the document is a makened that a constitutes a thir	es not meet the applicable statutory filing requirements, this date will not be listed a

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)