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.

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Division of Corporations Fax Number : (850)617-6381 From: Account Name : M. BURR KEIM COMPANY Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	To:			1
Fax Number : (850)617-6381 From: Account Name : M. BURR KEIM COMPANY Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		Division of C	orporations	(
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FLORIDA LIMITED LIABILITY CO. 1729 Beach, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



To:

(((H210003286613)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1729 Beach, 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:

Mailing Address:

500 Cottman Avenue

500 Cottman Avenue

Cheltenham, PA 19012

Cheltenham, PA 19012

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:

Registered Agents Inc.

7901 4th Street North, Suite 300

Florida street address (P.O. Box NOT acceptable)

St. Petersburg

City

State

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..

(CONTINUED)

To:

(((H210003286613)))

Title:			Name and Address:	
	BR" = Authorized M	leinber		
	R" = Manager			
MO	GR		Joseph P. Stampone	
			500 Cottman Avenue Ctertenham, PA 19012	
			Cheffenham, PA 19012	
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