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NAME: HARBOR BEACH SHORES LLC

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COVER LETTER

TO:	New Filing Sect Division of Corp					
CUD IE		BEACH SHORES L	.LC			
SUBJEC	CT:	Name	of Limite	ed Liabilit	y Company	
The encl	osed Articles of (Organization and fe	e(s) are s	ubmitted f	or filing,	
Please re	eturn all correspo	ndence concerning	his matte	er to the fo	llowing:	
	GLENN GOI	DBERG				
				Name of I	erson	
	GOLDBERG	LAW GROUP, P/				
				Firm/Con	npany	
	944 4TH ST	REET NORTH, SU	ITE 600			
				Addre	88	
	ST. PETERS	BURG, FL 33701			_	
	CLENINGCO	I DDEDCI AW 119	•	/State and	Zip Code	
	_	LDBERGLAW.US E-mail address: (to b		or future a	nual report notification	on)
For furthe		ncerning this matter				
	GLENN GOI	DBERG	727 at (898-5200	
	Nam	e of Person			Daytime Telephone	Number
Enclose	d is a check for t	he following amoun	ıt:			
	i,00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee &	Certific	i.00 Filing Fee & ed Copy at copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi	ng Address iling Section on of Corporations tox 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee et, Suite 810
	Tallah	assee, FL 32314			Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	sility Company is:		
HARBOR BEAC			<u></u>
(Must c	ontain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal offic	ce of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
O44 ATH CTREE	Γ NORTH, SUITE 600	944	4TH STREET NORTH, SUITE 600
944 41H STREE			
ST. PETERSBUR ARTICLE III - Registered (The Limited Liability Comp	RG, FL 33701 Apent. Registered Office, &	Registered Ager	PETERSBURG, FL 33701 nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own Re	Registered Ager egistered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own Rean active Florida registration.)	Registered Ager egistered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own Re an active Florida registration.) eet address of the registered ag	Registered Ager egistered Agent.	nt's Signature:
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own Re an active Florida registration.) eet address of the registered agent of the registered of the re	Registered Agent. gent are: Name RTH, SUITE 600	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own Re an active Florida registration.) cet address of the registered ag	Registered Agent. gent are: Name RTH, SUITE 600	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own Re an active Florida registration.) eet address of the registered agent of the registered of the re	Registered Agent. gent are: Name RTH, SUITE 600	nt's Signature: You must designate an individual or

the 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)

Registered Agent's Signature (REQUIRED)

	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager	
MGR	GLENN GOLDBERG
	944 4TH STREET NORTH, SUITE 600
	ST, PETERSBURG, FL 33701
(Use attachment if necessary)	(ODTIONAL)
LE V: Effective date, if other than fective date is listed, the date in e of filling.) If the date inserted in this block comment's effective date on the Decare of the De	
LF. V: Effective date, if other than fective date is listed, the date in e of filing.) If the date inserted in this block of ument's effective date on the Delle LE VI: Other provisions, if any.	nust be specific and cannot be more than five business days prior to or 90 days
LF. V: Effective date, if other that flective date is listed, the date me of filing.) If the date inserted in this block of ument's effective date on the Dele LE VI: Other provisions, if any. REQUIRED SIGNATURES	does not meet the applicable statutory filing requirements, this date will not be spartment of State's records.
LE V: Effective date, if other that fective date is listed, the date me of filing.) If the date inserted in this block of ument's effective date on the De LE VI: Other provisions, if any. REQUIRED SIGNATURES Signature This document I am aware that	does not meet the applicable statutory filing requirements, this date will not be spartment of State's records.

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

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-