(22WU)111925

- -	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	, , , , , , ,
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Entity Ivallie)
	(Document Number)
Certified Copies	Certificates of Status
, <u></u>	
Special Instructions to	Filing Officer:
	·





500379442415

03/18/22--01004--015 **155.00

2022 TO FIT 3: 43

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hickman Beach Realty LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judy Hickman Name of Person
Firm/Company
205 Greenway Ln.
Havana, FL 32333
Havana FL 32333 City/State and Zip Code Hickma-Jabells suth. net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Comp	Beach Realty, LL
(Must contain the words "Limited Liability Comp	yany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lit	nited Liability Company is:
Principal Office Address:	Mailing Address:
205 Greenway La Havara, FL 32333	Sane
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	. 1
- Judy H Named	ickman
Florida street address (P.O. Box N	may Ln
Florida street address (P.O. Box N	OT acceptable)
Havara Fl	201 acceptable) - 32333 Zip
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pam familiar with and accept the obligations of my position as registered to	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
Registered Agents	Hickman Signature (REQUIRED)
(CONTIN	· · · · · · · · · · · · · · · · · · ·
	co
	; - ::
	င့်ာ

<u>l'itle:</u> "AMBR" = Authorized Member	Name and Address:	
MGR" = Manager		
AMBR	Judy Hickman	
	205 Greenway LA	
	Havana FL 1 32333	
Λ		
MGR	Adam P Beach	
	4510 Bay WOOD	- Free /
	- Lynn Havan, FL 30	2444
	U	
	·	
		
(Use attachment if necessary)		
of filing \	te of filing:	
of filing.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable statutory filing requirements, this date v	
f filing.) the date inserted in this block does not	meet the applicable statutory filing requirements, this date v	
of filing.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable statutory filing requirements, this date v	
of filing.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable statutory filing requirements, this date v	
of filing.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable statutory filing requirements, this date v	
of filing.) the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date v	
the date inserted in this block does not ment's effective date on the Departmen E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date value of State's records.	vill not be
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rank to the document is exercised.	meet the applicable statutory filing requirements, this date value of State's records. The property of an anthorized representative of a member, couled in accordance with section 605.0203 (1) (b), Florida States of the property of the pr	vill not be
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a range of the provision of the Department is executed by any factor of the provision of the Department is executed by any factor of the Department is executed by	meet the applicable statutory filing requirements, this date value of State's records. The property of an anthorized representative of a member, could in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the Departmen	vill not be
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a range of the provision of the Department is executed by any factor of the provision of the Department is executed by any factor of the Department is executed by	meet the applicable statutory filing requirements, this date value of State's records. The property of an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	vill not be
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a range of the provision of the Department is executed by any factor of the provision of the Department is executed by any factor of the Department is executed by	meet the applicable statutory filing requirements, this date value of State's records. The property of an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a range of the provision of the Department is executed by any factor of the provision of the Department is executed by any factor of the Department is executed by	meet the applicable statutory filing requirements, this date value of State's records. The property of an anthorized representative of a member, couled in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the Departme	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a range of the provision of the Department is executed by any factor of the provision of the Department is executed by any factor of the Department is executed by	meet the applicable statutory filing requirements, this date value of State's records. The property of an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a rang	meet the applicable statutory filing requirements, this date value of State's records. Typed or printed name of signee Filing Fees:	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a rang	meet the applicable statutory filing requirements, this date value of State's records. Typed or printed name of signee Filing Fees:	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a rang	ment the applicable statutory filing requirements, this date want of State's records. The property of an applicable representative of a member, cutted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a range of the constitutes a third degree of the constitutes at third degree of the constitutes of th	ment the applicable statutory filing requirements, this date want of State's records. The property of an applicable representative of a member, cutted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	atutes.
the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a range of the constitutes a third degree of the constitutes at third degree of the constitutes of th	ment the applicable statutory filing requirements, this date want of State's records. The property of an applicable representative of a member, cutted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	atutes.
filing.) the date inserted in this block does not hent's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a range of the constitutes a third degree of the constitutes at third degree of the constitutes of the constit	ment the applicable statutory filing requirements, this date want of State's records. The property of an applicable representative of a member, cutted in accordance with section 605.0203 (1) (b), Florida States information submitted in a document to the Department of the felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	atutes.

ARTICLE IV-