L22000172240

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FLORG

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3606 BEACH DRIVE LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
orginature.	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	Time UCC 11 Search
Name Date	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2022

CAPITAL CONNECTION

SUBJECT: 3606 BEACH DRIVE LLC

Ref. Number: W22000052959

We have received your document for 3606 BEACH DRIVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document not legbile.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 722A00009336

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 APR 26 AM 8: 18

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

				;	1 139,000 \$
3606 Beach Drive L					" LAHASSEE.
(Must con	tain the words "Limited l	Liability Company, "	L.C.," or "LLC.")		
ICLE II - Address:					
nailing address and street	address of the principal o	ffice of the Limited L	iability Company is:		
Princi	pal Office Address:		Mailing Add	ress:	
3410 Henderson Bl	vd.	3410	lenderson Blvd.		
Suite 300		Suite			
Tampa. FL 33609		<u>Tamı</u>	a, FL 33609		
	Mark Oliva	N'ame			
name and the Florida stree		o agent are.			
	Mark Onva	Name			
	3410 Henderson Blv	/d., Suite 300			
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)		
	Tampa	FI.	33609		
	City	State	Zip		
g been named as registered designated in this certifica r agree to comply with the miliar with and accept the	te, I hereby accept the app provisions of all statutes obligations of my position	pointment as registere relating to the proper	d agent and agree to acount complete performance performance for in Chapt	t in this capacity nce of my duties,	i,I
	100				

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mark Oliva
	3410 Henderson Blvd., Suite 300
	Tampa, FL 33609
MGR	Michael P. Pepe
- ,	3410 Henderson Blvd., Suite 300
	Tampa, FL 33609
	in the second se
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	-Ti
EV: Effective date, if other than the	date of filing: (OPTIONAL)
ective date is listed, the date must bot filing.) If the date inserted in this block does ment's effective date on the Departn JE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on	not meet the applicable statutory filing requirements, this date will not meet of State's records. a minutes or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State.
EV: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does iment's effective date on the Department's effective date on	not meet the applicable statutory filing requirements, this date will not meet of State's records. a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does iment's effective date on the Department's effective date on	not meet the applicable statutory filing requirements, this date will not meet of State's records. a minutes or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)