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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

Account Number : 120190000062 Phone : (239)850-9451 Pax Number : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address: Brentbo bsharp, com

RECEIVED 22 APR 29 PM 12: 50

FLORIDA LIMITED LIABILITY CO.

Beachside Twelve, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO:	New Filing Sec Division of Con				
SUBJE	BEACHSI	DE TWELVE, LLC			
		Name of Lin	rited Liability Company		
The on	ologed Artinles of	Organization and fee(s) are	submitted for filing.		
Picase	return all correspo	ondence concerning this ma	mer to the following:		
	BRENT BU	RCHETT			
			Name of Person		
	BEACHSID	E TWELVE, LLC			
	·	· · · · · · · · · · · · · · · · · · ·	Firm/Company	-	
	11201 COR	PORATE CIR N STE 100			
	<u> </u>		Address		
	ST PETERS	BURG, FL 33716		2021 APR	 [
	BRENTB@B	C SHGRP.COM	ity/State and Zip Code	건물을 >>	
	1	3-mail address: (to be used	for future annual report notificat	ion)	İ
For fluith	er information co	ncerning this matter, please	call:	AH 2:	C
	BRENT BUI	RCHETT 72	330-9175		
	Nam	e of Persoa A	rea Code Daytime Telephon	ie Number	
Enclos	ed is a check for t	he following amount:			
□\$12 :	5.00 Filing Fee	## S130.00 Filing Fee & Certificate of Status	U\$155.00 Filing Foe & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fea, Certificate of Status & Certified Copy (additional copy is enclose	ed)
	New P Division P.O. E	nt Address iling Section on of Corporations lox 6327 sasce, PL 32314	Street Address New Filing Section D The Centre of Tallah 2415 N. Mouroe Stre Tallahassee, FL 3230	aracc ect, Suite 810	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	R I	- N	lame:

The name of the Limited Liability Company is:

BEACHSIDE TWELVE, 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:

ST. PETERSBURG, FL. 33716

11201 CORPORATE CIR N STE 100 ST. PETERSBURG, FL 33716

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:

GREGORY POWERS

Name

11201 CORPORATE CIR N STE 100

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

ST. PETERSBURG

<u> 33716</u>

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 staputes 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)

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RTICLE IV	'-	
he came and	eddress of each	P

\$ 5.00 Certificate of Status (Optional)

A erson authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
MGR = Manager	
MGR	GREEN FLASH CONSULTING, INC
	1201 CORPORATE CIR N STE 100
	ST. PETERSBURG, PL 33716
MGR	SMITHSON FAMILY HOLDINGS, LLC
	11201 COROPROATE CIR N STE 100
	ST. PETERSBURG. FL. 13716
MGR	CORONA VENTURES, LLC
	4209 W. CORONA ST
	TAMPA.FL 33629
MGR	WRIGHT-WAY HOLDINGS LLC
	1874 STABLE TREAIL
	PALM HARBOR, FL 34685
ote: If the date inserted in this block does to document's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
RTTCLE VI: Other provisions, if any.	2
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REQUIRED SIGNATURE	
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Slaneture for	a sumber or an authorized representative of a member.
This document is	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
GREGORY	
-HAMSON)	Typed or printed name of signee
	Filing Fees:
	of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	Inc.

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