

L22000236831
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
 Account Number : I20090000001
 Phone : (239)213-0066
 Fax Number : (239)213-0698

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

Email Address: bridgetteh@advocatetax.com

FLORIDA LIMITED LIABILITY CO.
C2 Beach St. Holdings, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C2 Beach St. Holdings, 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:

Brigette Harms
Name of Person

Advocate Consulting Legal Group, PLLC
Firm/Company

1300 N Westshore Blvd, Ste 220
Address

Tampa, FL 33607
City/State and Zip Code

briquetteh@advocatetax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigette Harms at (239) 213-0066
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
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C2 Beach St. Holdings, 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:

1540 Cornerstone Blvd, Ste 230
Daytona Beach, FL 32117

1540 Cornerstone Blvd, Ste 230
Daytona Beach, FL 32117

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:

Kim Powers

Name

1540 Cornerstone Blvd, Ste 230

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

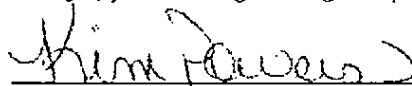
Daytona Beach FL 32117

City

State

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

| | |
|-------------|--|
| <u>AMBR</u> | <u>Charles Lydecker</u> <u>1540 Cornerstone Blvd, Ste 230</u> <u>Daytona Beach, FL 32117</u> |
|-------------|--|

| | |
|-------------|--|
| <u>AMBR</u> | <u>Chris Lydecker</u> <u>1540 Cornerstone Blvd, Ste 230</u> <u>Daytona Beach, FL 32117</u> |
|-------------|--|

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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REQUIRED SIGNATURE:

Charles H. Lydecker

Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 I am aware that any false information submitted in a document to the Department of State
 constitutes a third degree felony as provided for in s.817.155, F.S.

Charles Lydecker
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)