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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

Beach Speech 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
5			Vehicle Search
			Driving Record
Requested by: SETH	06/10/22		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
		*****	UCC 11 Retrieval
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2022 III

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Liability Company is:					
BEACH SPEECH LLC					
(Must contain the words "Limited Liability Con	прапу, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of the principal office of the L	imited Liability Company is:				
Principal Office Address:	Mailing Address:				
319 N. LAKESIDE DRIVE	4.5************************************				
LAKE WORTH, FL 33460					
ARTICLE III - Registered Agent, Registered Office, & Registere					
(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.)					
	ZOZZ JUN SEMILLA TALLLA				
The name and the Florida street address of the registered agent are:					
	<u> </u>				
JILL WILLIAMS					
JILL WILLIAMS Name					
319 N. LAKESIDE DRIVE	Se 3				

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.

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

LAKE WORTH City

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager **JILL WILLIAMS** MGR 319 N. LAKESIDE DRIVE LAKE WORTH, FL 33460 (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. THE PURPOSE OF THE ORGANIZATION IS FOR SPEECH THERAPY, CONSULTING AND ANY OTHER BUSINESS LEGAL IN FLORIDA AND THE UNITED STATES **REQUIRED SIGNATURE:** 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.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signce

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)