L27000298707

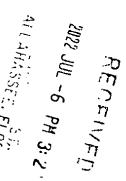
(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



800388856638

2022 JUL -6 PM 4: 37







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE7/06/2022	-			**WA1	LK IN**
ENTITY NAME_BEAV	ERTAILS HOLLYWO	OD LLC			
DOCUMENT NUMBER_	· · · · · · · · · · · · · · · · · · ·				
	PLEASE FILE THE I	ATTACHED AND RET	TURN	2022 .	
XXXXXX	Plain Copy			2022 JUL -6	<u>.</u>
XXXXXX	Certified-Copy . Certificate of Status			PH 4:	\
**	PLEASE OBTAIN THE FOLL	OWING FOR THE AB	BOVE ENTITY**	3 3 3 S	
	Certified Copy of Arts & 1	Amendments			
	Certified Copy of Arts & 1	Amendments Complete Fil	le (Including Annual	l Reports)	
	Certificate of Status Certificate of Status Reflex	ting:			
	APOSTILLE' / NO	TARIAL CERTIFICA	ATTON		
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT					
TOTAL OWED \$ 160.0	00	ACCOUNT # I	20160000072	will.	>\/I
Please call Tina at the	e above number for any	issues or concerns	s. Thank you	so much!	

COVER LETTER

	New Filing Sec Division of Cor						
eun Ibe		TAILS HOLLYWO	OD LLC				
SUBJEC	l:	Name	of Limited Lie	ability Company		_	
The enclo	sed Articles of	Organization and fe	e(s) are submit	ted for filing.			
Please ret	urn all correspo	ondence concerning	this matter to t	he following:			
	Ryan Robert	tson					
	 :		Name	e of Person			
	Altro LLP						
			Firm	/Company		7.0	25 25 25 25 25 25 25 25 25 25 25 25 25 2
	155 Univers	ity Avenue, Suite 30	00				2022 JUL -16
	· · · · · · · · · · · · · · · · · · ·		Α	ddress		<u> </u>	<u>_</u> 6
	Toronto, On	tario, Canada, M5H	3B7			ir sin	PK 4:
	rrobertson@a	ltrolaw.com	City/State	and Zip Code		75.5. 75.5.	_သ
		<u> </u>	oe used for futu	re annual report notific	ation)		
For further	information co	ncerning this matter	, please call:				
	Ryan Robert	son	416 at (477-8165			
	Nam	ne of Person	Area Cod	e Daytime Telepho	one Number	_	
Enclosed	is a check for t	he following amoun	t:				
□\$125.0	0 Filing Fee	□\$130.00 Filing Certificate of Sta	itus Cei	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	Certifical Certified	0 Filing Fe te of Status Copy copy is enc	&
	New F	ng Address iling Section		Street Address New Filing Section			
	P.O. B	on of Corporations Box 6327 assee, FL 32314		The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	reet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must of ARTICLE II - Address: The mailing address and street Prince Pri	entain the words "Limited eet address of the principal c		L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre Prin			TABLE, OF ISBE.	
The mailing address and stre	eet address of the principal c	affice of the Limited I		
		ince of the islanted .	Jability Company is:	
7901 4th St N ST	Principal Office Address: 7901 4th St N STE 300		Mailing Address: 1705 rue King Ouest #120	
St. Petersburg, F	L 33702, USA	Shert	Sherbrooke, Quebec, Canada, J1J 2C	
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	pany cannot serve as its own an active Florida registration	Registered Agent. Yon.) I agent are:		2022 JUL -6 PM 4: 37
	Northwest Registere	Name		무실 꽃
				[0]
	7901 4th St N STE 300			83 3
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)	 -
	St. Petersburg	Florida	33702	
	City	State	Zip	
laving been named as registe, lace designated in this certific orther agree to comply with th in familiar with and accept th	cate, I hereby accept the app ne provisions of all statutes r e obligations of my position /s/7	ointment as registere elating to the proper o as registered agent a. Fom Glover	d agent and agree to act ind complete performan s provided for in Chaptei	in this capacity. I ce of my duties, and I
	Regisi	ered Agent's Signatu	re (REQUIRED)	

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
BEAVERTAILS MASTER LLC	7901 4th St N STE 300 St. Petersburg, FL 33702, USA
~ AMBR + MGR	St. (Gersouig, 11: 55702, G5A
	202
	37
(Use attachment if necessary)	
ARTICLE V. Effective date, if other than the date	of filing: (OPTIONAL)
he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records
the document's effective date on the Department	of State S (ecolos.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	/s/Andy Buntic
Signature of a me	ember or an authorized representative of a member.
	ted in accordance with section 605.0203 (1) (b), Florida Statutes.
	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Č	
Andy Buntic	Typed or printed name of signee

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)