## L22000315630

(Requestor's Nan	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL.
(Business Entity I	Name)
(Document Numb	per)
Certified Copies Certifica	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



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S. CHATHAM

2022 JUL 14 PM 2: 2





ARRAUL 18 PH 2.4.

July 14, 2022

CAPITAL CONNECTION, INC.

SUBJECT: THE BEACH RETREAT 1009, LLC

Ref. Number: W22000092653

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

Please review all addresses to make sure they are correct.

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

Letter Number: 222A00015775

Summer Chatham Regulatory Specialist II New Filing Section

22 JUL 18 PH 1:44

## CAPITAL CONNECTION, INC.

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

THE BEACH RETR	EAT 1109 LLC				
				Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	_
			<del></del>	Trade/Service Mark	_
				Merger File	
				Art, of Amend, File	-
			<del></del>	RA Resignation	
			<del></del>	Dissolution / Withdrawal	**
			<del></del>	Annual Report / Reinstatement	
		}		Cert, Copy	
		1		Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	_
				Certificate of Fictitious Name	<del></del>
				Corp Record Search	A.
				Officer Search	<i>№</i> 37
				Fictitious Search	<i>M</i>
Signature				Fictitious Owner Search	
•		1		Vehicle Search	FH 1:44
		<b>-</b>		Driving Record	
Requested by: SETH	07/18/22			UCC   or 3 File	- · · · · · · · · · · · · · · · · · · ·
Name		Time		UCC 11 Search	
				UCC 11 Retrieval	
Walk-In Thom savile GA Brog	Will Pick Up			Courier	

## COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		Retreat 1009, LLC			
30632.0	·	Name	of Limited I	Jubility Company	
The enclo	sed Articles of	Organization and fe	c(s) are subr	natted for filing.	
Please ret	um all correspo	ondence concerning	his matter to	the following:	
	Brian D, He	is			
			Nai	me of Person	
		-	Fir	m Company	
	9108 Front F	Beach Road			
		<del></del>		Address	
	Panama City	Beach, FL 32407			
			Cuy'St:	ite and Zip Code	
	bdh.g.pcblaw.	<del></del>			
For further		i-mail address; (to b neerning this matter,		ture annual report notifie:	ition)
	Brian D. Hes		<b>85</b> 0	235-3004	
	Nam	e of Person		de Daytime Telepho	
Enclosed	s a check for the	ne following amount	:		
□\$125,08	) Filing Fee	☐\$130,00 Filing Certificate of Stat	us C	D\$135.00 Filing Fee & ertified Copy (ational copy is enclosed)	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailia			£4	

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

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is.	
The Beach Retreat 1009 LLC	
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	.muted Liability Company is:
Principal Office Address:	Mailing Address:
15928 Front Beach Road	
Unit 2212	
Panama City Beach, FL 32413	
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered / another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

Name

9108 Front Beach Road

Florida street address (P.O. Box <u>NOT</u> acceptable)

Panama Cty Beach FL 32413

City State Zip

thiving 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. Thereby 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 diales, 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)

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" # Manager	
AMBR	Paul Wood
	15928 From Beach Road, Unit 2212 Panama City Beach, FL 32413
AMBR	Amy Wood
	15928 Front Beach Road, Unit 2212 Panama City Beach, FL 32413
	Tanama VIIV Deach. 11. 35413
(Use attachment if necessary)	
CLE V: Effective date, if other than the da effective date is listed, the date must be of the of filing.)	t meet the applicable statutory filing requirements, this date will not be l
CLE V: Effective date, if other than the date effective date is listed, the date must be of te of filing.)  If the date inserted in this block does not ecument's effective date on the Department.	specific and cannot be note than five business days prior to or 90 day ( meet the applicable statutory filing requirements, this date will not be l
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CLE V: Effective date, if other than the dateffective date is listed, the date must be of te of filing.)  If the date inserted in this block does no ecument's effective date on the Department of the CLE VI: Other provisions, if any  REOURED SIGNATURE:  Signature of a te This document is execution aware that any factors.	nomber or an authorized representative of a member, cuted in accordance with section 605.0203 (4) (b), Florida Statutes.

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)