

L2260038301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

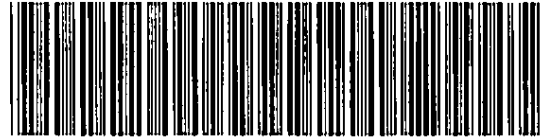
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600392770456

08/23/22--01023--027 **250.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 AUG 23 PM 9:17

FILED

**ARTICLES OF ORGANIZATION
OF
BEACH ONE TWENTY TWO, LLC**

ARTICLE I – NAME

The name of the limited liability company is Beach One Twenty Two, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3957 Susan Drive
Green Cove Springs, Florida 32043

Mailing Address:

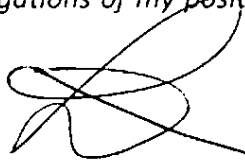
3957 Susan Drive
Green Cove Springs, Florida 32043

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Larry S. Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

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.



Larry S. Williams

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 AUG 23 PM 9:17

FILED

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Larry S. Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

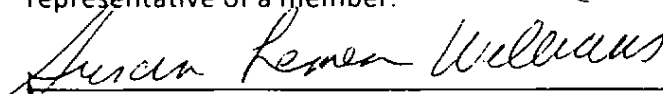
AMBR

Susan Lemen Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

REQUIRED SIGNATURE:



Signature of Larry S. Williams an authorized representative of a member.



Signature of Susan Lemen Williams 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.

Larry S. Williams

Typed or printed name of signee

Susan Lemen Williams

Typed or printed name of signee

22 AUG 23 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

**ARTICLES OF ORGANIZATION
OF
BEACH ONE TWENTY TWO, LLC**

ARTICLE I – NAME

The name of the limited liability company is Beach One Twenty Two, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3957 Susan Drive
Green Cove Springs, Florida 32043

Mailing Address:

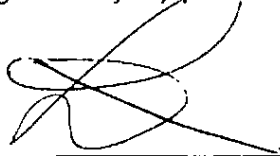
3957 Susan Drive
Green Cove Springs, Florida 32043

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Larry S. Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

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.



Larry S. Williams

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 AUG 23 PM 9:17

FILED

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Larry S. Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

AMBR

Susan Lemen Williams
3957 Susan Drive
Green Cove Springs, Florida 32043

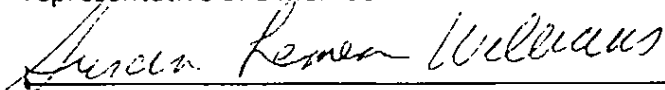
22 AUG 23 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REQUIRED SIGNATURE:



Signature of Larry S. Williams an authorized representative of a member.



Signature of Susan Lemen Williams 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.

Larry S. Williams

Typed or printed name of signee

Susan Lemen Williams

Typed or printed name of signee