

L23000030850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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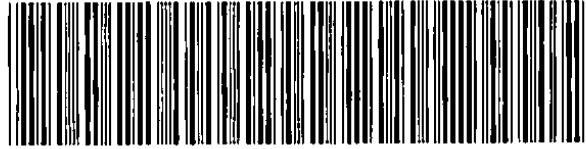
(Business Entity Name)

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IGETAWAYS, LLC

____ Art of Inc. File _____
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____ Foreign Corp. File _____
____ L.C. File _____
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____ Art. of Amend. File _____
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BEACH GETAWAYS, 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:

NICOLE RAMOS JONES, ESQ.

Name of Person

BURG WYNN, P.A.

Firm/Company

215 HARRISON AVENUE

Address

PANAMA CITY, FLORIDA 32401

City/State and Zip Code

NICOLE@BURGWYNN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE JONES	850	851 - 0621
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ICLE I - Name:

Name of the Limited Liability Company is:

BEACH GETAWAYS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ICLE II - Address:

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

Principal Office Address:

286 S ARNOLD RD #7576
PANAMA CITY BEACH, FL 32413

Mailing Address:

15928 FRONT BEACH ROAD UNIT 2212
PANAMA CITY BEACH, FL 32413

ICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

BURG WYNN, P.A.

Name

215 HARRISON AVENUE

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

<u>PANAMA CITY</u>	<u>FL</u>	<u>32401</u>
City	State	Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

DocuSigned by:

Neale Jones

004652CA80CF4F2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

PAUL WOOD
15928 FRONT BEACH ROAD, UNIT 2212
PANAMA CITY BEACH, FLORIDA 32413

MGR

AMY WOOD
15928 FRONT BEACH ROAD, UNIT 2212
PANAMA CITY BEACH, FLORIDA 32413

(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.

REQUIRED SIGNATURE:

DocuSigned by:

PAUL WOOD

AS153A709D1940B

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.

PAULWOOD

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)