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	WAIT MAIL
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	(Business Entity Name)
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: Copies	Certificates of Status
al Instructions to	Filing Officer:
	

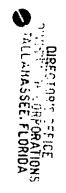
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02/16/23--01001--012 **125.00



COVER LETTER

Division of Corporations
SUBJECT: 333 Beech LhC
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:
Derrick H. Drown
Name of Person
Firm/Company C
1309 Manacy Dix
Talahasse Florida 3230
AND TOWN 7 @ amail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Duid A Band 11 850, 284-9843
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount.
DS125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

TO:

New Filing Section

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 \$10 Tallahassee, FL 32303 To whom it may concorn:

I, Durick A. Bown, couver of

333 Beach LLC have no intention

of coinstating the LLC.

Duid A. Brown

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1309 Nanch Dive	13/9 Nancy Dive
Tallahasse 1-4 32301	Trichessee Fr 32301

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

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

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

Name

1304 Nancy Sive

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

Talkheyee FL 32301

City State Zip

'aving been named as registered agent and to accept service of process for the above stated limited liability company at the acceptage designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I surface agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I in tamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent (Signature (REQUIRED)

(CONTINUED)

1023 FTB 16 PM 1: 3L

ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Donich Ch. Cycan 1300 Novey Dister Tolkhaser Fr 3230)	
(Use attachment if necessary)		
·		
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to o	r 90 day
of filing.) The date inserted in this block does no	t meet the applicable statutory filing requirements, this date wil	
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