

To:

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From Santa Rosa Beach, Florida

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : 120190000128  
Phone : (850)769-3434  
Fax Number : (850)344-9731

\*\*Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.\*\*

Email Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO.  
COASTAL TOWN INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
OF  
COASTAL TOWN INVESTMENTS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company COASTAL TOWN INVESTMENTS, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
4714 SEASTAR VISTA  
DESTIN, FL 32541

Mailing Address:  
4714 SEASTAR VISTA  
DESTIN, FL 32541

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

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

HAND ARENDALL HARRISON SALE, LLC  
35008 EMERALD COAST PKWY, STE 500  
DESTIN, FL 32541

*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.*

DocuSigned by:

*Dion J. Morin*

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HAND ARENDALL HARRISON SALE, LLC

DocuSign Envelope ID: F2E5847B-B4B0-4B73-A4B8-F7150315EFF6

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## 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

ANDREW AND ELIZABETH BENO LIVING  
TRUST DATED MAY 25, 2023  
4714 SEASTAR VISTA  
DESTIN, FL 32541

AMBR

ANDREW BENO  
118 MARLBERRY TRACE  
SANTA ROSA BEACH FL 32459

AMBR

JOSHIAH AIKEN  
164 MARLBERRY TRACE  
SANTA ROSA BEACH FL 32459

AMBR

JAMES E. TEAL, III  
180 MARLBERRY TRACE  
SANTA ROSA BEACH FL 32459

## ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 6/1/2023.

## REQUIRED SIGNATURE:

DocuSigned by:

James Edward Teal, III

FFD5E1A1BCB4A8

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.

JAMES E. TEAL, III

Typed or printed name of signer