

L240000098968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

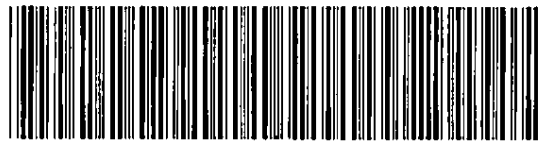
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800416567968

10/13/23--0103--012 \*\*135.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 OCT -3 AM 9:42

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AC By The Beach 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:

Barry and Leela Lanier  
Name of Person

---

Firm/Company

---

1516 Fallen Leaf Drive  
Address

---

Marietta/GA 30064  
City/State and Zip Code

---

lanier\_bl@yahoo.com  
E-mail address: (to be used for future annual report notification)

2023 OCT -3 AM 9:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 (731) 1970

For further information concerning this matter, please call:

Barry Lanier                      770                      3830569  
 Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     
  \$130.00 Filing Fee & Certificate of Status     
  \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     
  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

*Resubmitting  
Check was  
Sent*

Mailing Address  
 New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Street Address  
 New Filing Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AC By The Beach LLC

(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:

1516 Fallen Leaf Drive  
Marietta, GA 30064

1516 Fallen Leaf Drive  
Marietta, GA 30064

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 another business entity with an active Florida registration.)

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

Barry Lanier

Name

3550 South Fletcher Avenue, L1

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

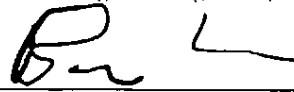
Fernandina Beach Florida 32034

City State Zip

2023 OCT -3 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

PM 11:00

*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..*



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  
AMBR / MGR

**Name and Address:**

Barry Lanier  
1516 Fallen Leaf Drive  
Marietta, GA 30064

AMBR / MGR

Leela Lanier  
1516 Fallen Leaf Drive  
Marietta, GA 30064

2023 OCT -31 AM 9:43  
SECRETARY OF STATE  
FALLAHASSEE FL

2023 OCT 31

(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:**



\_\_\_\_\_  
**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.

Barry L. Lanier

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent