# L2400185781

	Requestor's Name)
(	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
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Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:

Office Use Only



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DIPTOTTO STATE OF DRING

RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 04/23/24

Order #: 1491108-1

Re: Four Kids by the Sea, LLC Processing Method: Routine

# TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195 AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### **COVER LETTER**

New Filing Section
Division of Corporations

TO:

SUBJECT: Four hids by the	SEA, LLC
Nan of Limited	d Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Ana Estephania	Parley Sunk
Four hids by	The SEA, LLC Firm/Company
616 21st st	•
	Address
Varo Bear	ch Fl. 32960
	State and Zip Code
560hinnoustions E-mail address: (to be used for	future annual report notification)
. 1	
For further information concerning this matter, please ca	II;
Ana E. Briles Swink at 77	12 ) 4731782
	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee & Certificate of Status (a	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & □  Certified Copy   □  Certified Copy   □  (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	Mary Eiling Caption Division [1]
Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Four hids by the Sea, LLC.

(Must conatin 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:

Vexo Beach, FL. 32960

D.O. BOX 5407 Vero Beach, FL. 32961

## 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:

Ana Estephania Bailey Sun

Florida street address (P.O. Box NOT acceptable

Veo Beach, FL 32960

Cit

State

Zip

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)

ZUZHAPK ZU ARI STATE

Title: "AMBR" = Authorized N	Name and Address:
"MGR" = Manager  MGR	Ana Estephania Bailey Swink 1735 24th aug 3200
MGR	Amanda Martin 135 Beach, FL. 32962
(Use attachment if neces	sary)
an effective date is listed, the date of filling.)  ote: If the date inserted in this	her than the date of filing:  (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90 days after  block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
TICLE VI: Other provisions, i	•
REQUIRED SIGNAT	URE: A
KEVELIKE SIGNAL	Layurn
This do	gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. rare that any false information submitted in a document to the Department of State; these a third degree felony as provided for in s.817.155, F.S.
: 	Ana Estephania Bailen Swink
I .	Typed or printed name of signes

CSC FIN-47909

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

'\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)