

L24000494723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

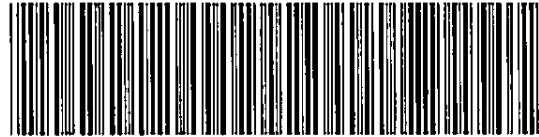
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: 

Business Name: 1 Beachway, LLC

Document#

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

OTHER FILINGS

☐ Apostille

Country

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: 1 Beachway, 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:

Gerardo Rodriguez-Albizu, Esq.

Name of Person

Rodriguez-Albizu Law, P.A.

Firm/Company

759 SW Federal Highway, Suite 321

Address

Stuart, FL 34994

City/State and Zip Code

grodriguez@ralawpa.com

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

For further information concerning this matter, please call:

Gerardo Rodriguez-Albizu, Esq. 772 261-5080

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

1 Beachway, 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:

62 Spanish River Drive
Ocean Ridge, FL 33435

Mailing Address:

62 Spanish River Drive
Ocean Ridge, FL 33435

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:

Rodriguez-Albizu Law, P.A.

Name

759 SW Federal Highway, Suite 321

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

Stuart

FL


34994

City

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)

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

Rolando Garcia
62 Spanish River Drive
Ocean Ridge, FL 33435

MGR

Iliana Garcia
62 Spanish River Drive
Ocean Ridge, FL 33435

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: November 26, 2024. (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.

Gerardo Rodriguez-Albizu, Esq.

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA