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	equestor's Name)	
(110	-4-50to. 5 (tallie)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of S	itatus
Special Instructions to	Filing Officer.	
·· ·· ··		
	Office Use Only	



100435216561

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/02/2024			
			₩ALK IN*
ENTITY NAME 9703	Beman Woods Resid	dence LLC	
DOCUMENT NUMBER	₹		
	PLEASE FILE T	THE ATTACHED AND RETU	RN
	Plain Copy		
XXXXXXXX	Certified Copy		
	Certificate of Status	•	
	PLEASE OBTAIN THE	FOLLOWING FOR THE ABOV	EENTITY
	Certified Copy of Ar	rts & Amendments	
	Certificate of Good S	Standing	
	APOSTILLE'/	NOTARIAL CERTIFICATI	ON
COUNTRY OF DESTINA	ATION		· · · · · · · · · · · · · · · · · · ·
NUMBER OF CERTIFIC	PATES REQUESTED		
TOTAL OWED \$155.00		ACCOUNT #	t: I20160000072
		5.	8 FM
Please call Tina at	the above number kor	r any issues or concerns,	•
		January Mo,	The grant of many

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liab	lity Company is:			
9703 Beman Wo	ods Residence LLC			
	ntain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited L	iability Company is:	
Principal Office Address:			Mailing Address:	
3100 N Ocean Drive		3100	3100 N Ocean Drive	
#H-1003			#11-1003	
Riviera Beach, Flo	rida 33404	Rivier	a Beach, Florida 33404	_
another business entity with a	active Florida registratio	on.)	u must designate an individual or	
	Richard C. Harris			
		Name	<u></u>	
	3100 N Ocean Drive	e, #H-1003		
		s (P.O. Box NOT acc	eptable)	
	Riviera Beach	Florida	33404	
	City	Florida · State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the app provisions of all statutes re obligations of my position	ointment as registered elating to the proper ar as registered agent as	bove stated limited liability company a agent and agree to act in this capacity ad complete performance of my duties, provided for in Chapter 605, F.S	$\cdot I$
	Regist	cred Agent's Signature (CONTINUED)	(KEQUIKED)	

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR. MGR	Richard C. Harris 3100 N Ocean Drive, #H-1003 Riviera Beach, Florida 33404
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be specified).	e of filing:
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	R
This document is execu I am aware that any fals	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
RICHARD C. H	ARRIS
	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)

SCURETARY OF STATE ALLIANASSEE FLOORS