

L240000528669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

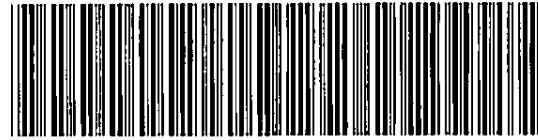
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC 26 AM 9:47

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2024 DEC 26 PM 3:54

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 859861 4309934

AUTHORIZATION :

COST LIMIT : \$ 125.00

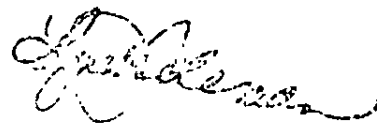
ORDER DATE : December 24, 2024

ORDER TIME : 11:28 AM

ORDER NO. : 859861-005

CUSTOMER NO: 4309934

FILED
2024 DEC 26 AM 9:47
TALLAHASSEE, FL



DOMESTIC FILING

NAME: BEAUPORT FINANCIAL SERVICES,
LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beauport Financial Services, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>30 Sea Winds Drive E.</u>	<u>30 Sea Winds Drive E.</u>
<u>Ponte Vedra Beach, FL 32082</u>	<u>Ponte Vedra Beach, FL 32082</u>

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:

David S. McKechnie
Name

30 Sea Winds Drive E.
Florida street address (P.O. Box **NOT** acceptable)

<u>Ponte Vedra Beach</u>	<u>FL</u>	<u>32082</u>
City	State	Zip

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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
David S. McKechnie
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

David S. McKechnie
30 Sea Winds Drive E.
Ponte Vedra Beach, FL 32082

MGR

Derek J. Reed
30 Sea Winds Drive E.
Ponte Vedra Beach, FL 32082

MGR

Serena Low
30 Sea Winds Drive E.
Ponte Vedra Beach, FL 32082

MGR

Jongdai Park
30 Sea Winds Drive E.
Ponte Vedra Beach, FL 32082

(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:

DocuSigned by
David S. McKechnie

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.

David S. McKechnie, Manager
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)

CSC 859861

Attachment Sheet

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

Kevin Bilenchi
30 Sea Winds Drive E.
Ponte Vedra Beach, FL 32082

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2024 DEC 26 AM 9:17
CLERK OF COURT
PONTA VEDRA BEACH, FL