

L250000 28371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

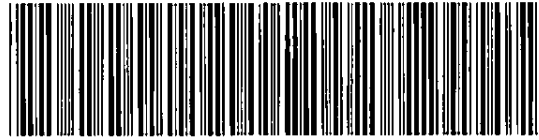
(Business Entity Name)

(Document Number)

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

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Office Use Only



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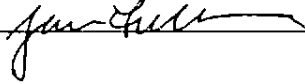
2025 JAN 24 AM 8:30

MS

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature



Intracoastal Labs AP Jax, LLC

Business

#Document

Walk in

Will wait

☒ Certified Copies of the articles

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ LLC  
☐ Domestication  
☒ INC  
☐ CORP  
☐ OTHER

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ Amended and Restated Articles

**OTHER FILINGS**

☐ TRANSMITTAL LETTER  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL ☐ COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ Statement of CORRECTION  
☐ Domestication of a Foreign Corp.  
☐ Other

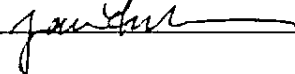
EXAMINER'S INITIALS: \_\_\_\_\_

2025 JUN 24 PM 9:47

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         Will wait

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EXAMINER'S INITIALS:                     

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Intracoastal Labs AP Jax, 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:

Michael M. Bajalia, Esq.

Name of Person

Bajalia Law Office, P.A.

Firm/Company

7645 Gate Parkway, Suite 106

Address

Jacksonville, FL 32256

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael M. Bajalia at ( 904 ) 352-1121

Name of Person

Area Code

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)

**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:

Intracoastal Labs AP Jax, 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:

13979 Sound Overlook Dr. N.  
Jacksonville, FL 32224

Mailing Address:

13979 Sound Overlook Dr. N.  
Jacksonville, FL 32224

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:

Bajalia Law Office, P.A.

Name

7645 Gate Parkway, Suite 103

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

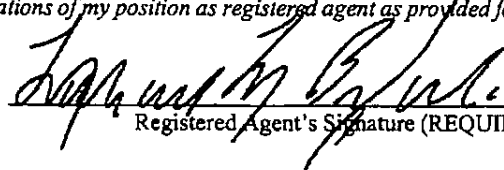
Jacksonville, FL 32256

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)

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**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

Randi Beesing

13979 Sound Overlook Dr. N.

Jacksonville, FL 32224

MGR

Lloyd E. Beesing

13979 Sound Overlook Dr. N.

Jacksonville, FL 32224

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(Use attachment if necessary)

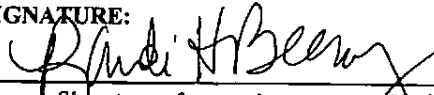
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Randi Beesing, Manager

Typed or printed name of signer

**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)