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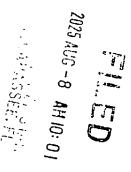
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S. CHATHAIN

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SECRETARY OF STATEMENT ALLAMASSEE, FLORE

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## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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#### COVER LETTER

Division of Corporations	
SUBJECT: SDS BEACH HOLDINGS LLC	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Shane Zvulun	
	Name of Person
COAST REILLC	
	Firm/Company
2613 CENTER AVE	
-	Address
Fort Lauderdale, FL 33308	
	v/State and Zip Code
Shane@coastrei.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please of	rall:
Shane Zvulun at (95	4 ) 412-2866
Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓S125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

#### $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

	LDINGS LLC		
(Mus)	t contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and str	reet address of the principal office	of the Limited Liability Company is:	
<u>Pr</u>	incipal Office Address:	Mailing Address:	
16133 Ventura BI	vd, Suite #120	16133 Ventura Blvd, Suite #120	
Encino, CA 91436	6	Encino, CA 91436	<u> </u>
			<del></del>
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		me	2025 /
	Na		2025 AUG
	Na 2613 Center Ave	O. Box NOT acceptable)	2025 AUG - 8
	Na 2613 Center Ave Florida street address (P.	O. Box NOT acceptable)	2025 AUG -8 AM

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u>		Name and Address:	
"AMBR" =	= Authorized Member		
"MGR" =	Manager		
MGR		Raypor, Catherine	
	-	16133 Venturu Blvd. Sunte #120	
		Encino, CA 91436	
		<del></del>	
		7. 4. 60. 1	
MGR		Zvulun, Charlie 16133 Ventura Blvd, Suite #120	
		Engino, CA 91436	<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
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MGR		Zvutun, Shane	
		16133 Ventura Blvd, Suite #120	<u> </u>
		Encino, CA 91436	<u> </u>
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f an effective date ne date of filing.) Note: If the date in he document's effe	is listed, the date must be	te of filing:  specific and cannot be more than five bus  t meet the applicable statutory filing requir  at of State's records.	siness days prior to or 90 days a
REOUIRI	ED SIGNATURE:		
	Cati	rerine Raynor member or an authorized representative	
	This document is executed I am aware that any fa	member or an authorized representative cuted in accordance with section 605.0203 lse information submitted in a document to ree felony as provided for in s.817.155, F.5	(1) (b), Florida Statutes.  the Department of State
	Catherine Raynor		
	Sautania nayioi	Typed or printed name of signee	<del></del>
		- Aben or brunen mune or 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 States (Co. 1977)

- \$ 5.00 Certificate of Status (Optional)