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2019-01-07 16:57:14 CST

35362 From: James Banks III

1/2/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
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**Foreign Limited Liability Company**

**Beach Vibes, L.L.C JAHFYE, LLC**

Certificate of Status	0
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Page Count	04
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5 PAGE FAX

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January 29, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BEACH VIBES, LLC  
REF: W19000009070

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The alternate name that you have chosen is not available. Please select a new name.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Lee Yarbrough  
Senior Section Administrator

FAX Aud. #: H19000031094  
Letter Number: 919A00002027

2019 FEB -8 AM 7:40

P.O BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

Beach Vibes, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

~~XXXXXXXXXX~~ Jahlye, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

Georgia

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company was organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0801 & 605.0805, F.S., to determine penalty liability)

5. 304 E. Washington St.  
\_\_\_\_\_  
(Street Address of Principal Office)

6. 304 E. Washington St.  
\_\_\_\_\_  
(Mailing Address)

Athens, Georgia 30601

Athens, Georgia 30601

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

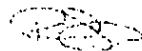
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Rose Song, Assistant Secretary

(Registered agent's signature)

FILED  
2019 JAN 25 AM 8:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Member	Name: <u>Jaire Alexander</u> Address: <u>304 E. Washington St.</u> <u>Athens, Georgia 30601</u>
<input type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>E. Spencer Tolley</u> Address: <u>304 E. Washington St.</u> <u>Athens, Georgia 30601</u>
<input checked="" type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. 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.

E. Spencer Tolley  
Signature of an authorized person  
E. Spencer Tolley  
Typed or printed name of signer

Control Number: 19007182

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Beach Vibes, LLC**  
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 01/16/2019 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

FILED  
2019 JAN 25 AM 8:12  
OFFICE OF THE SECRETARY OF STATE  
CORPORATIONS DIVISION  
ATLANTA, GEORGIA 30334

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 01/18/2019.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State