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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

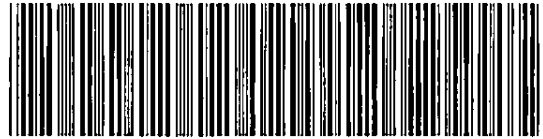
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beach Homes LLC Series Ocala 65th
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark Griffin, Trustee

Name of Person

Griffin Family Revocable Trust Dated June 30, 2016, 100% ownership

Firm/Company

821 27th Ave N

Address

St Petersburg, FL, 33704

City/State and Zip Code

rmgriffin512@gmail.com

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

For further information concerning this matter, please call:

Mark Griffin	512	762-4664
_____	at (_____) _____	_____
Name of Contact Person	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Beach Homes LLC Series Ocala 65th
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Texas 84-4512220
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 1, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 821 27th Ave N 821 27th Ave N
(Street Address of Principal Office) (Mailing Address)
St Petersburg, FL St Petersburg, FL
33704 33704

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

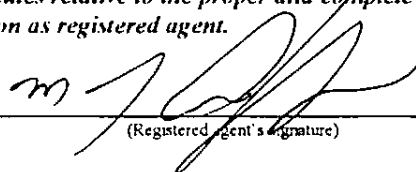
Name: Mark Griffin

Office Address: 821 27th Ave N

St Petersburg 33704
(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.


(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Griffin, Mark Trustee

☒ Member Address: 821 27th Ave N

☐ Authorized St Petersburg, FL 33704

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Griffin, Ramona Trustee

☒ Member Address: 821 27th Ave N

☐ Authorized St Petersburg, FL 33704

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

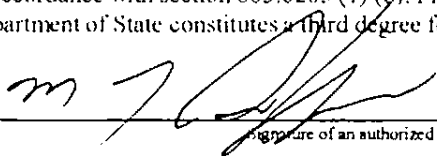
Person _____

☐ Other _____ ☐ 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.



Signature of an authorized person

Griffin, Mark Trustee

Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that Beach Homes LLC, a Domestic Limited Liability Company (LLC) (file number 803524328) has filed the following assumed name certificate(s) with this office:

Assumed Name	Filed	Status
Beach Homes LLC Series Riviera	January 27, 2020	Active
Beach Homes LLC Series Ocala 22nd	May 12, 2021	Active
Beach Homes LLC Series Ocala 65th	May 12, 2021	Active
Beach Homes LLC Series Sapphire	August 24, 2021	Active
Beach Homes LLC Series Diamond	August 24, 2021	Active
Beach Homes LLC Series Portland	November 09, 2021	Active
Beach Homes LLC Series Bel Air	January 26, 2022	Active
Beach Homes LLC Series Sonesta	March 16, 2022	Active
Beach Homes LLC Series RDT	August 19, 2024	Active

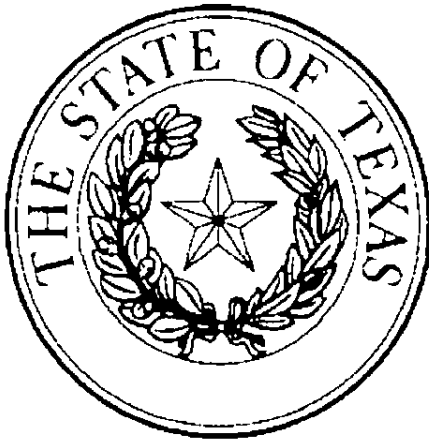
In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on August 26, 2024.

Corporationis Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State