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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

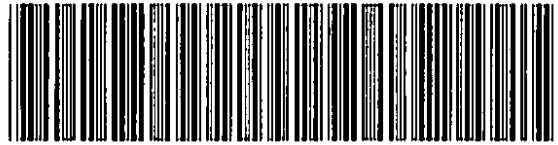
(Business Entity Name)

(Document Number)

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OFFICE OF THE
CLERK OF SUPERIOR COURT

T. LEMIEUX
AUG - 3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Beach Land LLC
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:

Marina Mikhailova
Name of Person
Best Beach Land LLC
Firm/Company
26310 Robindale Drive
Address
Denham Springs, Louisiana 70726
City/State and Zip Code
bestland225@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Mikhailova 7/22/22
Marina Mikhailova 225 333-9419
Name of Contact Person at (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. Best Beach Land LLC
(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. Louisiana EIN 86-4008742
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 26, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 26310 Robindale Drive 26310 Robindale Drive
(Street Address of Principal Office) (Mailing Address)
Denham Springs, Louisiana 70726 Denham Springs, Louisiana 70726

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

Name: Registered Agents, Inc
Office Address: 7901 4th St. N, Ste 300
St. Petersburg, Florida 33702
(City) (Zip code)

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2022 JUL 28 PM 2:33
STATE OF FLORIDA

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.

Bill Hance
(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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Marina Mikhailova	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 26310 Robindale Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Denham Springs, Louisiana 70726	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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)

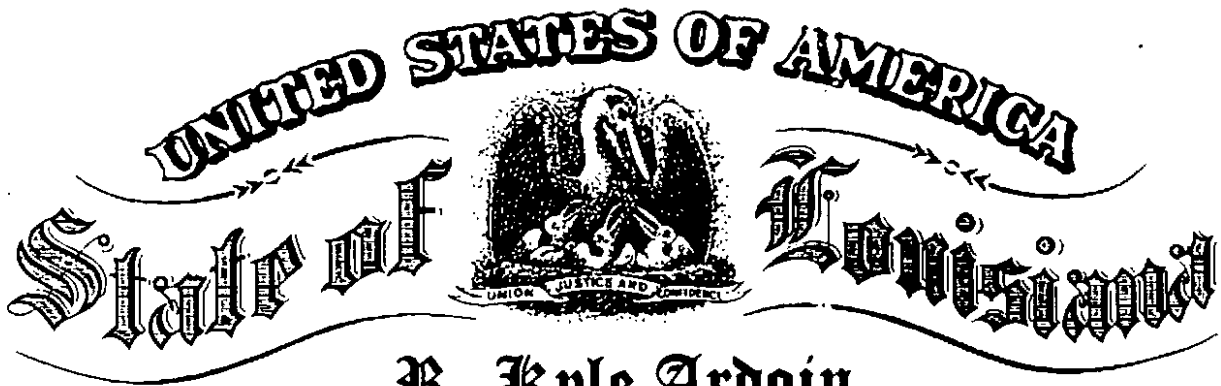
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marina Mikhailova

Signature of an authorized person

Marina Mikhailova

Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

BEST BEACH LAND LLC

A limited liability company domiciled in DENHAM SPRINGS, LOUISIANA,

Filed charter and qualified to do business in this State on May 25, 2021,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 21, 2022

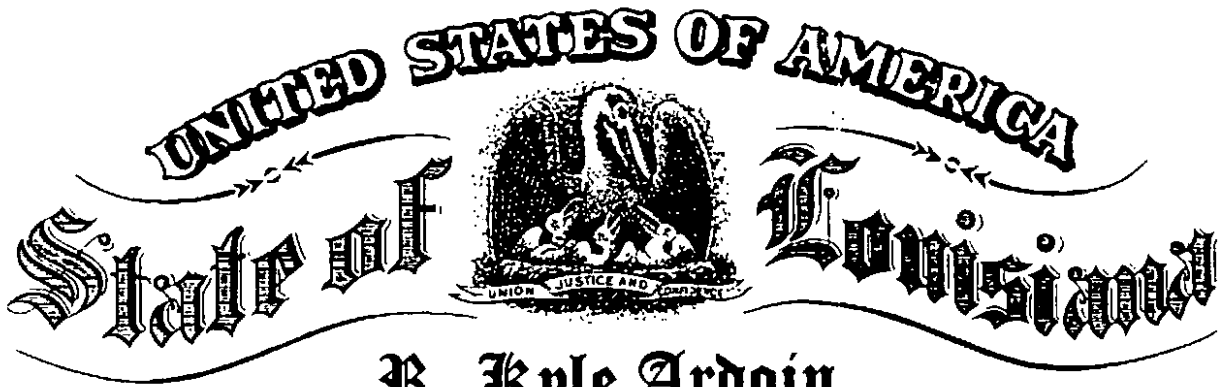
Secretary of State

Web 44433488K



Certificate ID: 11601882#3PK73

To validate this certificate, visit the following web site, go to **Business Service**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that
the attached document(s) of

BEST BEACH LAND LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.

44433488K ORIGF 5/25/2021 3 page(s)

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

July 21, 2022

Secretary of State
WEB 44433488K



Certificate ID: 11601883#BRK73

To validate this certificate, visit the following
web site, go to **Business Services**, **Search**
for **Louisiana Business Filings**, **Validate a**
Certificate, then follow the instructions
displayed.

www.sos.la.gov

STATE OF LOUISIANA
ARTICLES OF ORGANIZATION

(R.S. 12:1301)

1. The name of this limited liability company is:

BEST BEACH LAND LLC

2. This company is formed for the purpose of:

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES
MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual):

PERPETUAL

4. This company is:

MEMBER-MANAGED

Other provisions:

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: MARINA MIKHAILOVA (5/21/2021)

TITLE: OWNER/MEMBER/MANAGER

LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305 (E))

The name of this limited liability company is:

BEST BEACH LAND LLC

The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:

6212 STUMBERG LN UNIT 507
BATON ROUGE, LA, 70816

Mailing Address:

6212 STUMBERG LN UNIT 507
BATON ROUGE, LA, 70816

The full name and municipal address (not a P.O. Box only) of each of this limited liability company's registered agent(s) is/are:

MARINA MIKHAILOVA
6212 STUMBERG LN UNIT 507
BATON ROUGE, LA, 70816

The name and municipal address (not a P.O. Box only) of the managers or members:

MARINA MIKHAILOVA (MEMBER)
6212 STUMBERG LN UNIT 507
BATON ROUGE, LA, 70816

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.
ELECTRONIC SIGNATURE: MARINA MIKHAILOVA (5/21/2021)
TITLE: OWNER/MEMBER/MANAGER

SECRETARY OF STATE



Agent Affidavit and Acknowledgement of Acceptance

Charter Number: 44433488K

Charter Name: BEST BEACH LAND LLC

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

Date Responded	Agent(s)
05/25/2021	MARINA MIKHAILOVA

Agent(s) Electronic Signature
MARINA MIKHAILOVA

