C750000 28106

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u>.</u>
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	İ

Office Use Only



900439124109

14:6 1J 42 KJS 9:4J

025 JAN 24 AN 8: 31

CHIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/24/2025

NAME: 256 BE HAPPY LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	256 B	Be Happy, LLC			
(Must con	atin the words "Limited	Liability Company.	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited	Liability Company is:		
Princip	pal Office Address:		<u>Mailing Add</u>	ress:	
256 Emerald Beach Ci	256 Emerald Beach Circle		atts Way		<u>.</u>
Santa Rosa Beach, FL	Santa Rosa Beach, FL 32459		Rosa Beach, FL 32459		
•	active Florida registrati	on.)	You must designate an in		2 km
The name and the Florida street	t address of the registere Jennifer McClendon			70 1 4 2 5 4	2025 11.11 24 11.11 5:47
•	t address of the registere Jennifer McClendon 73 Matts Way	d agent are:		_	CN 24 / CM 9: 47
•	t address of the registere Jennifer McClendon 73 Matts Way	d agent are: Name		_	CA 24 / CA 9: 47
•	Jennifer McClendon 73 Matts Way Florida street address	d agent are: Name ss (P.O. Box <u>NOT</u> ac	cceptable)	_	CA 24 CA 9:47

(CONTINUED)

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address: er
MGR	Jennifer McClendon
	73 Matts Way Santa Rosa Beach, FL 32459
	<u> </u>
	<u> </u>
	<u></u>
(Use attachment if necessary)	
$\mathbf{E}\mathbf{V}_{i}$ Effective date, if other tha	an the date of filing: (OPTIONAL)
ective date is listed, the date n	nust be specific and cannot be more than five business days prior to or 90 d
of filing.)	does not meet the applicable statutory filing requirements, this date will not b

REQUIRED SIGNATURE:

Jennfer McClenton

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.

Jenniter McClendon, Manager

..........

Typed or printed name of 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 Status (Optional)