

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : PCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 222-9428

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05 FEB -4 PM 4:09  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Seagrove Condo Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filings

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SEAGROVE CONDO PARTNERS, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7308 North Willow Lake Court  
Peoria, Illinois 61614

**Mailing Address:**

7308 North Willow Lake Court  
Peoria, Illinois 61614

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CT Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation, Florida 33324  
City, State, and Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 208, F.S.*

CT Corporation System

Connie Bryan  
Registered Agent's Signature

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

Peter J. Mangieri  
7308 North Willow Lake Court  
Peoria, Illinois 61614

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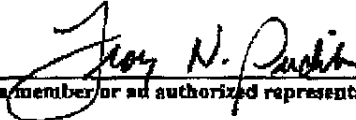
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Troy N. Pudik, authorized representative

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)

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