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Secretary of State

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JAN 07 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Save Our Sealife, LLC  
Name of Limited Liability Company

19 FEB 12 PM 3:10  
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Division of Corporations

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa M. Rollins  
Name of Person  
Save Our Sealife, LLC  
Firm/Company  
2641 49th Street  
Address  
Sarasota, FL 34242  
City/State and Zip Code  
manager.coastal@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa M. Rollins                      941                      626-7679  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Save Our Sealife, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2641 49th Street  
Sarasota, FL 34234

2641 49th Street  
Sarasota, FL 34234

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lisa M. Rollins  
Name

2641 49th Street  
Florida street address (P.O. Box NOT acceptable)

Sarasota                      FL                      34234  
City                              State                      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 605, F.S.*

Lisa M. Rollins  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Secretary of State

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Ted B. Sparling</u> <u>2641 49th Street</u> <u>Sarasota, FL 34234</u>
<u>MGR</u>	<u>Lisa M. Rollins</u> <u>2641 49th Street</u> <u>Sarasota, FL 34234</u>
<u>AMBR</u>	<u>Advanta IRA Services, LLC FBO</u> <u>Lisa M. Rollins IRA #1697</u> <u>13191 Starkey Road, Suite 2, Largo, FL 33773</u>
<u>AMBR</u>	<u>Advanta IRA Services, LLC FBO</u> <u>Lisa M. Rollins IRA #8008230</u> <u>13191 Starkey Road, Suite 2, Largo, FL 33773</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

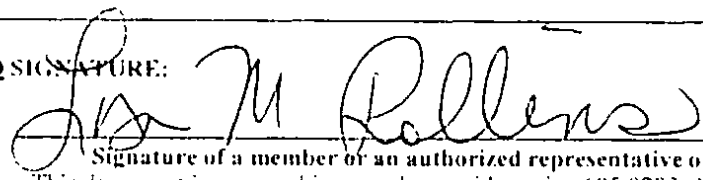
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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.

LISA M. ROLLINS, MGR  
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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