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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
Account Number : I2017000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Support@flpatellaw.com

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FLORIDA LIMITED LIABILITY CO.

Sellerocity LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |



COVER LETTER

Monday, March 7, 2022

To: New Filing Section
Division of Corporation

Subject:
SELLEROCITY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

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ARTICLES OF ORGANIZATION
FOR
SELLEROCITY LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Sellerocity LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

8199 Tamiami Trail South
 #1024
 Sarasota, FL 34231

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ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
 360 Central Avenue
 Suite 800
 Saint Petersburg, FL 33701

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.

Ada Reyes

(sign)

 FLP RA Services LLC


ARTICLE IV.
Authorized Members and Managers

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> | George M. McCaffery 8199 Tamiami Trail South #1024 Sarasota, FL 34231 |

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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.

George M Mccaffery
 Authorized Representative/Member

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TALLAHASSEE, FLORIDA

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