

LO3 0000 29501

(Requestor's Name)

Mike Bretzel
539 N. Oleander Ave
Dayton Beach FL 32118

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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[Signature]

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 14, 2003

MIKE BRETZEL
539 N. OLEANDER AVE
DAYTONA BEACH, FL 32118

SUBJECT: SEABREEZE DEVELOPMENT GROUP LLC
Ref. Number: W03000001118

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SEABREEZE DEVELOPMENT GROUP LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 003A00001822

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEABREEZE DEVELOPMENT GROUP LLC.

ARTICLE II - Address:

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

539 N. Oleander Ave Daytona Beach FL 32118

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

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

Michael R. Bretzel

Name

539 N. Oleander Ave

Florida street address (P.O. Box **NOT** acceptable)

Daytona Beach FL 32118

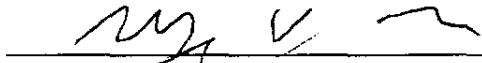
City, State, and Zip

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 608, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)



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.)

Michael R. Bretzel

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
03 AUG 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA