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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP  (Business Entity Name)  (Document Number)  Certified Copies  Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP (WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies (Certificates of Status)	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP (WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies (Certificates of Status)	(Address)
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(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE

SECRETARY OF STATE

OF JAN - 7 PM 2: 40 04 JAN - 7 PM 2: 37

EFFECTIVE DATE

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SE / /- OMEWORKS L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.

Please send one check for the total amount made payable to the Florida Department of State.

FROM: Scatt S, Roberts

Name (Printed or typed)

135 ORANGE DR.

FLORAhoma FL. 32140 City, State & Zip

386 - 937-51/9

Daytime Telephone number

LIFECTIVE DATE

04 JAN - 7 PM 2: LO

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

SEY Homeworks LLC.

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability 135 ORANGE DR.

Company is:

FloRahome, Fl. 32140

#### **ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

1-5-04 Through 1-5-24 20 YEARS

#### **ARTICLE IV - Management:** (check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

JOH S. ROBERTS AND VVONNE B. ROBERTS 135 DRANGE DR., FLORAHOME, FL. 32140

EFFECTIVE DATE 1-5-04

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: SEY Homeworks LLC.
- 2. The name and address of the registered agent and office is:

(SIGNATURE)

(NAME)

135 (RANGE DR.

(P. O. BOX NOT ACCEPTABLE)

FLARAHOME FL. 32140

(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.

1-5-04 (DATE)

Filing Fee: \$ 35 for Designation of Registered Agent