

L 04 000003 031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

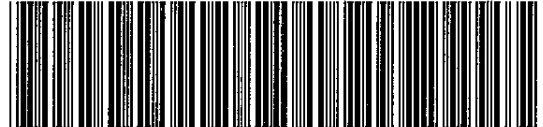
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Call when Ready

443-4139

Office Use Only



900026303679

01/12/04--01034--004 \*\*125.00

RECEIVED  
04 JAN 12 PM 2:44  
DIVISION OF CORPORATION

FILED  
04 JAN 12 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEABOARD DEVELOPMENT 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:

MR ANTOINE M. BOULOS  
(Name of Person)

SEABOARD DEVELOPMENT LLC  
(Firm/Company)

320 BLOUNT STREET SUITE 203  
(Address)

TALLAHASSEE FL. 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

MR ANTOINE M. BOULOS  
(Name of Person)

at ( 850 ) 5566660  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
JAN 12 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SEABOARD DEVELOPMENT LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

320 BLOUNT STREET SUITE 203  
TALLAHASSEE FL 32301

**Mailing Address:**

SAME

FILED  
JUN 11 PM 1:26  
TALLAHASSEE, FLORIDA

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

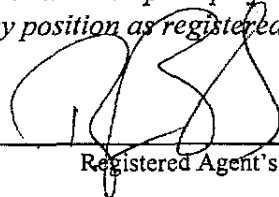
The name and the Florida street address of the registered agent are:

MR ANTOINE M. BOULOS  
Name

320 BLOUNT STREET SUITE 203  
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32301  
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

(CONTINUED)

**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:**

MGRM

ANTOINE M. BOULOS  
390 BLOUNT STREET SUITE 203  
TALLAHASSEE FL 32301

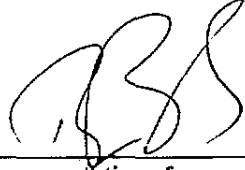
MGRM

NADIM JEBARA  
390 BLOUNT STREET SUITE 203  
TALLAHASSEE FL 32301

(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.)

NADIM JEBARA

ANTOINE BOULOS

Typed or printed name of signer

**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)