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| (1 | Requestor's Name) | <u>,,,,,</u> | |
|---|-------------------------|----------------------|--|
| (Address) | | | |
| () | Address) | | |
| (0 | City/State/Zip/Phone #) | | |
| PICK-UP | W AIT | MAIL | |
| , (i | Business Entity Name) | ,- <u>,-</u> ,-,-,-, | |
| (Document Number) | | | |
| Certified Copies | Certificates of | Status | |
| Special Instructions to Filing Officer: | | | |
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TALLANASSEE FLORIDA

WU-10323



December 10, 2003

NATASHA KEMP 99 SE MIZNER BLVD. #837 BOCA RATON, FL 33432

SUBJECT: SEAGATE LLC Ref. Number: W03000037278

We have received your document for SEAGATE LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6020.

Letter Number: 003A00066237

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | |
|---|-------------|------------|--|
| SUBJECT: Seage UC (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: | | | |
| (Name of Person) | - | | |
| (Firm/Company) | | | |
| 99 SE Mizner Blyd. #837 (Address) | | - | |
| Buca Raton Florida 33432 (City/State and Zip Code) | W | <u> </u> | |
| For further information concerning this matter, please call: | LAHASSI | 64 FLB - 2 | |
| Natural Kenip at (Sb) 417 5776 (Name of Person) (Area Code & Daytime Telephone Number) | | 100 | |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|--|---|--|--|
| Seagate LLC | | | |
| ARTICLE II - Address: The mailing address and street address of the principa | l office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 99 SE Mizner Boulevard | 99 SE Mizner Bouleyard | | |
| #837 | H 837 | | |
| Boca Ration FL 33432 | Boca Ration FL 33432 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Mark T. Keng Name Name | | | |

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, Florida Statutes.

Mark T. Kery.

Registered Agent's Signature

Page 1 of 2 (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

MATACHA KENG

GA SE Migner Bind. #837

Bocc Latron Ft 38432

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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)

(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.)