

L04000024359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

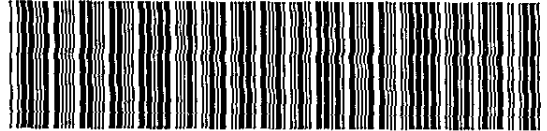
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

L04-24359  
AK

FF \$125  
CC/CUS 35

LAW OFFICES  
MICHAEL LAPAT

3300 University Drive  
Suite #311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)

11 South LaSalle Street  
Suite # 1500  
Chicago, Illinois 60603  
(312) 641-3723

Please Reply to Florida Office

April 4, 2004

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

RE: Seaforth Meridian, Ltd.	\$1,846.25
Seaforth Meridian Management, LLC	\$ 160.00
<u>Seaforth Meridian Advisors, LLC</u>	<u>\$ 160.00</u>
	\$2,166.25

Dear Sir or Madam:

Enclosed herein please find a Certificate of Limited Partnership and Articles of Organization for the above referenced LLC's.

Also enclosed is one check in the amount of \$2,166.25 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,

*Kristine Cobban*  
Kristine Cobban

KC  
enclosure

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEAFORTH MERIDIAN ADVISORS, 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:

MICHAEL LAPAT  
(Name of Person)

LAW OFFICE OF MICHAEL LAPAT  
(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311  
(Address)

CORAL SPRINGS, FLORIDA 33065  
(City/State and Zip Code)

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2013 MAR 20 PM 2:01  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KRISTINE COBBAN at ( 954 ) 345-6442  
(Name of Person) (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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SEAFORTH MERIDIAN ADVISORS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

320 BERNARD AVENUE

SARASOTA, FLORIDA 34243-1904

**Mailing Address:**

320 BERNARD AVENUE

SARASOTA, FLORIDA 34243-1904

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

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

JOHN FRIEDRICH, MANAGER

Name

320 BERNARD AVENUE

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

SARASOTA

FLORIDA 34243

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, Florida Statutes..*

  
Registered Agent's Signature

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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

JOHN FRIEDRICH

320 BERNARD AVENUE

SARASOTA, FLORIDA 34243-1904

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(Use attachment if necessary)

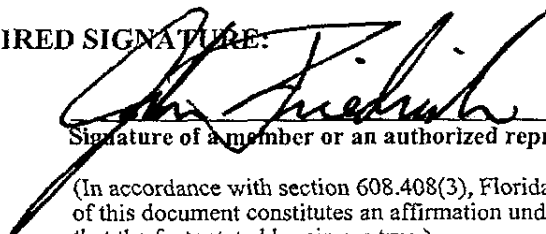
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TALLAHASSEE, FLORIDA

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**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.)

JOHN FRIEDRICH

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)