L040000 36804

(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:				

Office Use Only



600035226576

05/04/04--01015--008 **160.00

DINISION CF CCOPPERATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SeeltMyWay 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:				
Risa I. Greenberg				
	(Name of Person)			
(Firm/Company)				
6401 E. River Road				
	(Address)			
Hernando, FL 34442				
(Cit)	y/State and Zip Code)			
For further information concerning this matter, please call:				
Risa I. Greenberg (Name of Person)	at (352) 344-9995 (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 DIVISION OF CORPORTED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SeeltMyWay LLC		
ARTICLE II - Ac The mailing addre		f the principal office of the Limited Liability Comp
Principal Office Address:		Mailing Address:
6401 E. River Road		6401 E. River Road
Hemando, FL 3444	2	Hemando, FL 34442
		
		ristered Office, & Registered Agent's Signature: of the registered agent are:
	Florida street address	
	Florida street address	of the registered agent are:
	Florida street address of Risa I. Greenberg 6401 E. River Road	of the registered agent are:
	Florida street address of Risa I. Greenberg 6401 E. River Road	of the registered agent are:

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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:		
MGRM	•	Risa I. Greenberg		
	4n ·	6401 E. River Road Hemando, FL 34442		
MGRM		I. Joel Greenberg		
		6401 E. River Road		
		Hemando, FL 34442		
	-			
(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.)

Risa I. Greenberg

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)