

L 04 000046420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

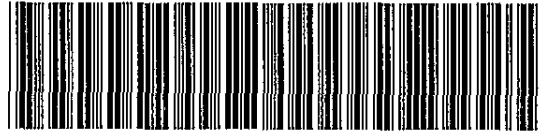
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700038032217

06/21/04--01065--012 **310.00..

BR

RECEIVED
04 JUN 21 PM 12:17
LETTER OF CREDIT STATE
UNIVERSITY OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
04 JUN 21 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
04 JUN 21 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Muanna Sea LLC

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION

OF

JUWANNA SEA, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Juwanna Sea, L.L.C.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 2401 S.E. Pascal Avenue, Port St. Lucie, Florida 34952.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be JoAnne Wills. The Member(s) of the Company are as follows:

JoAnne Wills
2401 S.E. Pascal Avenue
Port St. Lucie, FL 34952

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

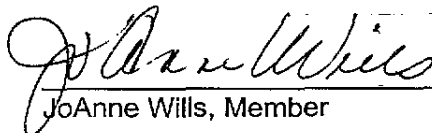
ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

FILED
04 JUN 21 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


JoAnne Wills, Member

STATE OF FLORIDA
COUNTY OF ST. LUCIE

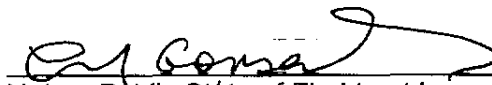
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JoAnne Wills, who has produced FL DRIVERS LICENSE as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 17 day of June, 2004.

(SEAL)




Tiffany N. Gonsalves
MY COMMISSION # DD261185 EXPIRES
November 7, 2007
BONDED THRU TROY FAIR INSURANCE, INC.


Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.



RICKEY L. FARRELL
Registered Agent

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**


BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 17 day of June, 2004.

(S E A L)



Tiffany N. Gonsalves
MY COMMISSION # DD261185 EXPIRES
November 7, 2007
BONDED THRU TROY FAIN INSURANCE, INC.



Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires: