

W4000051809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

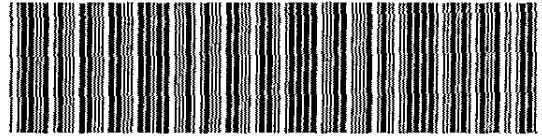
(Business Entity Name)

(Document Number)

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

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06/25/04--01013--011 \*\*100.00

07/13/04--01041--025 \*\*25.00

FILED  
JUL 13 2004  
JUL 13 2004  
JUL 13 2004

W4-51809  
JK



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 28, 2004

ARTHUR SEABORNE  
2398 FRUITVILLE ROAD  
SARASOTA, FL 34237

SUBJECT: SOUTHEAST CAPITAL PROPERTIES, LLC  
Ref. Number: W04000024790

We have received your document for SOUTHEAST CAPITAL PROPERTIES, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Tammi Cline  
Document Specialist

Letter Number: 404A00042178

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

FILED

# Southeast Capital Investors, Inc.

Real Estate Investment Trust

June 22, 2004

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32317

Gentlemen;

Please find attached our Articles of Organization and our check for \$100.00.

We can be reached at the enclosed address and telephone numbers.

Sincerely,



Arthur R. Seaborne

FILED  
JUN 23 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHEAST CAPITAL PROPERTIES, 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:

ARTHUR R. SEABORNE  
(Name of Person)

SOUTHEAST CAPITAL PROPERTIES, LLC  
(Firm/Company)

2398 FRUITVILLE RD.  
(Address)

SARASOTA, FL 34237  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR R. SEABORNE at ( 941 ) 363-3800 EXT 104  
(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

FILED  
TALLAHASSEE, FLORIDA

01 JUL 17 11 48:13

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SOUTHEAST CAPITAL PROPERTIES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2398 FRUITVILLE RD.

SARASOTA, FL 34237

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

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

ARTHUR R. SEABORNE

Name

2398 FRUITVILLE RD

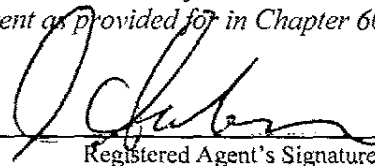
Florida street address (P.O. Box **NOT** acceptable)

SARASOTA

FLORIDA 34237

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

**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:**

MGR

ARTHUR R. SEABORNE

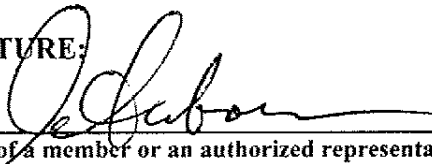
2398 FRUITVILLE RD.

SARASOTA, FL 34237

(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.)

ARTHUR R. SEABORNE

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL 13 PM 8:13

FILED