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| (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: | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Seein Soots LLC. (Name of Limited Viability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Richard Clayton McMillan (Name of Person) |
| Seen Spots 12.C |
| (Firm/Company) |
| 6316 121st Ave E. (Address) |
| Parsish FC 34219 City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Richard (McMillan) at 941 776-8527 55 (Name of Person) at 941 Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee S130.00 Filing Fee SC S155.00 Filing Fee Status Certificate of Status Certified Copy Certificate of Status Status Certified Copy (additional copy is enclosed) |

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: | |
|--|--|
| Seein Spots | , 66C. |
| ARTICLE II - Address: The mailing address and street address of the pro- | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 6316 121st Ave E Narcish Fl 34219 | 63.16 121st Ave. F. 34219 |
| ARTICLE III - Registered Agent, Registered | l Office, & Registered Agent's Signature: |
| Parcish City, State, a | |
| liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe | this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all proformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S. |

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| he usine and address of each Mannedon | V1 11111111111111111111111111111111111 | | | |
|--|--|---------------------|--------------|-------------|
| Title: | Name and Address: | | | |
| MGR" = Manager MGRM" = Managing Member | | _ | | |
| MGRM | Richard Clayfon MG 63/6 12/2 Ave E. Parcish, Fi 342/ | <u>milla</u> -q_ | iv | |
| And a second | | - | | |
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| (Use attachment if necessary) | | | | |
| NOTE: An additional article must b | e added if an effective date is requested. | ī | | |
| REQUIRED SIGNATURE: | | | | |
| Signature of a member | or an authorized representative of a member. | | | - |
| of this document constitution that the facts stated her | ion 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury rein are true.) | | | |
| Richard Type | Clayton McMillan ed or priviled name of signee | TALL | 05 M | es |
| Filing Fees; | | 7 | - | er <u>e</u> |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)