

L05000063980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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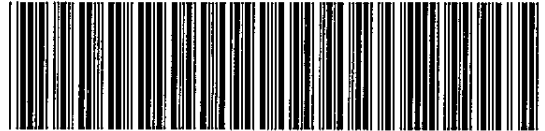
(Business Entity Name)

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05 JUN 28 PM 12:45

DIVISION OF CORPORATION

FILED

05 JUN 28 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 453157 81081A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

05 JUN 28 PM 3:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 28, 2005

ORDER TIME : 10:27 AM

ORDER NO. : 453157-005

CUSTOMER NO: 81081A

CUSTOMER: Ms. Georgiana Dambra  
Alexander Dambra & Duhl, P.a.

Suite 201  
5737 Okeechobee Boulevard  
West Palm Beach, FL 33417

DOMESTIC FILING

NAME: THE SEAHORSE GROUP, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
05 JUN 28 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

THE Seahorse Group, LLC \_\_\_\_\_

**ARTICLE II – Address:**

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

**Principal Office Address:**

851 NE 71ST STREET  
BOCA RATON, FL 33487  
\_\_\_\_\_

**Mailing Address:**

851 NE 71ST STREET  
BOCA RATON, FL 33487  
\_\_\_\_\_

**ARTICLE III – Registered Agent, Registered Office, & Registered Agents Signature:**

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

\_\_\_\_\_Georgiana F. Dambra, Esq.\_\_\_\_\_  
Name

\_\_\_\_\_5737 Okeechobee Blvd. Ste. 201  
Florida Street address (PO Box **NOT** acceptable)

\_\_\_\_\_West Palm Beach, FL 33417\_\_\_\_\_  
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 designed 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 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.*

BY: \_\_\_\_\_

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:**

\_\_\_\_ MGRM \_\_\_\_\_

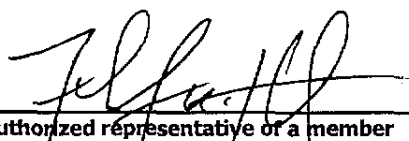
Fred Kaub  
851 NE 71ST STREET  
BOCA RATON, FL 33487

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

FRED KAUB  
\_\_\_\_\_  
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)