

WS000064985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

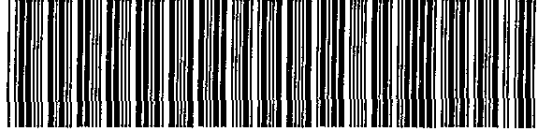
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400056386934

06/27/05--01022--011 **160.00

FILED
JUN 27 2005
FBI - ST. LOUIS

WS-64985
of

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seabreeze Title SERVICES, 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:

Vicki L. Houck
(Name of Person)

(Firm/Company)

4704 SW 25th Place
(Address)

Cape Coral FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen L. Marlowe - Medlock at 239 851-7754
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of 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

RECEIVED
JUN 27 PM 2:12
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seabreeze Title Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

4704 SW 25th place
CAPE CORAL FL 33914

Mailing Address:

4704 SW 25th place
CAPE CORAL FL 33914

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

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

Vicki L. Houck
Name

4704 SW 25th place
Florida street address (P.O. Box NOT acceptable)
Cape Coral FL 33914
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, F.S.

Vicki L. Houck
Registered Agent's Signature

FILED
JAN 27 PM 2:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

VICKI L. Houck
4704 SW 25th Place
Cape Coral FL 33914

MGRM

Larry L. Houck
4704 SW 25th Place
Cape Coral FL 33914

MGRM

Karen L. Marlowe-Medlock
1303 SW 40th Terrace
Cape Coral FL 33914

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Vicki L. Houck
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.)

VICKI L Houck
Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2008 JUN 27 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL