

L05000075515

(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:

BK

Office Use Only



200057846142

08/02/05--01003--013 **155.00

FILED
05 AUG -2 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 AUG -2 AM 9:23
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
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
05 AUG -2 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Seacrest Property, 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 FOR
SEACREST PROPERTY, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
05 AUG -2 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is: **SEACREST PROPERTY, LLC.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **735 Whisper Woods Drive, Lakeland, Florida 33813.**

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

**Felipe L. Olivera
735 Whisper Woods Drive
Lakeland, Florida 33813**

**Magdaline M. Olivera
735 Whisper Woods Drive
Lakeland, Florida 33813**

**Alejandro R. Stangl
6730 Crescent Lake Drive
Lakeland, Florida 33813**

**Alicia E. Stangl
6730 Crescent Lake Drive
Lakeland, Florida 33813**

**Felipe J. Olivera
6739 Crescent Lake Drive
Lakeland, Florida 33813**

**Alicia M. Olivera
6739 Crescent Lake Drive
Lakeland, Florida 33813**

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS
--

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

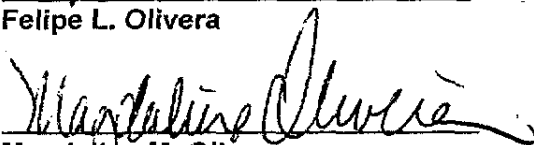
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member

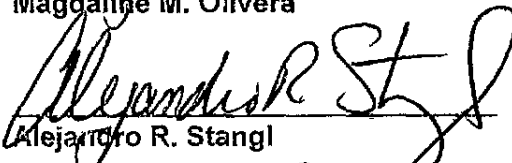
or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Members, by: **FELIPE L. OLIVERA, MAGDALINE M. OLIVERA, ALEJANDRO R. STANGL, ALICIA E. STANGL, FELIPE J. OLIVERA and ALICIA M. OLIVERA.**

Dated this 15th day of July, 2005.



Felipe L. Olivera


Magdaline M. Olivera


Alejandro R. Stangl

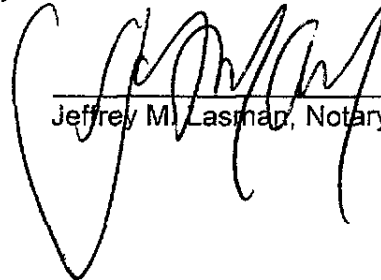

Alicia E. Stangl


Felipe J. Olivera


Alicia M. Olivera

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 15th day of July, 2005, by **FELIPE L. OLIVERA, MAGDALINE M. OLIVERA, ALEJANDRO R. STANGL, FELIPE J. OLIVERA** and **ALICIA E. STANGL**, who are personally known to me.



Jeffrey M. Lasman, Notary Public



JEFFREY M. LASMAN
COMMISSION # DD 066626
EXPIRES OCT. 22, 2005
BONDED THROUGH
ATLANTIC BONDING CO., INC.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **SEACREST PROPERTY, LLC.**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman
Lasman Law Firm, P.A.
6152 Delancey Station Street, Suite 205
Riverview, Florida 33569**

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.



Jeffrey M Lasman

July 15, 2005
(Date)