

L050000099507

2005 OCT -3 P 3:47

SECRETARY OF  
TALLAHASSEE, FLORIDA

(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:

L005-44072

Office Use Only



900059070779

09/13/05--01009--009 \*\*160.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 22, 2005

KIM BLOECHINGER  
1131 SW 20TH ST.  
BOCA RATON, FL 33486

SUBJECT: SEASIDE DESIGN LLC  
Ref. Number: W05000044072

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SEASIDE DESIGN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 305A00058088

# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: Seaside Design  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Bloechinger  
(Name of Person)

Seaside Design  
(Firm/Company)

1131 SW 20th St.  
(Address)

Boca Raton FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Bloechinger at (561) 394-0370  
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Seaside Design LLC

ARTICLE II - Address:

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

Principal Office Address:

1131 SW 20th ST  
Boca Raton FL  
33486

Mailing Address:

1131 SW 20th ST  
Boca Raton FL  
33486

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

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

Kim Bloedinger  
Name  
1131 SW 20th ST  
Florida street address (P.O. Box **NOT** acceptable)  
Boca Raton FL 33486  
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..

Kim Bloedinger  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

None

None

None

None

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

N/A Kim Blacker

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.)

Kim Blacker

Typed or printed name of signee

**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)**