

## **Electronic Filing Cover Sheet**

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(((H050002616773)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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## LIMITED LIABILITY COMPANY

Sea Mint Development LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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TALLAHASSEE FLORIDA

11/14/05

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

ARTICLE I - Name

The name of the Limited Liability Company is: Sea Mint Development LLC

ARTICLE II - Address

Principal Office Address:

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

348 Lakewood Drive	348 Lakewood Drive	
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459	
		For St.
		CO D
		5 5
ARTICLE III - Registered Ages	nt, Registered Office & Registered Agent's Signa	ture no
The name and Florida street address of t	· •	FULL OF
	Daria S. Poole	誤っ
	Name	V
	348 Lakewood Drive	
	(P.O. Box of Mail Drop Box NOT Acceptable)	
	Santa Rosa Beach, FL 32459	
·	(City / State / 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.

Registered Agent's Signature - Darla S. Poole

	Manager(s) or Managing Member(s):  H050002616  itess of each Manager or Managing Member is as follows:
Title: "MGR" = Manage "MGRM" = Manage	
MGRM	Darla S. Poole-348 Lakewood Drive, Santa Rosa Beach, FL 32459
MGRM	Steve Poole- 348 Lakewood Drive, Santa Rosa Beach, FL 32459
(Use attachment i	fnecessary)
REQUIRED SIG	GNATURE:
	Sala Farle 20 8
	Signature of a member or 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.)
	Darla S. Poole
	Typed or printed name of signee