

LO6 000 111 867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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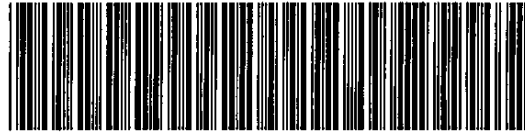
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO6-111867
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEASON'S
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Shamara L. Byrd
(Name of Person)

(Firm/Company)

8416 Deer Chase Drive
(Address)

Riverview, FL 33569
(City/State and Zip Code)

For further information concerning this matter, please call:

Shamara L. Byrd at (305) 613-4873
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

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2006 NOV 27 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000111867
FILED 8:00 AM
November 20, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
SEASON'S, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
8416 DEER CHASE DRIVE
RIVERVIEW, FL. US 33569

The mailing address of the Limited Liability Company is:
8416 DEER CHASE DRIVE
RIVERVIEW, FL. US 33569

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
SHAMARA L BYRD
8416 DEER CHASE DRIVE
RIVERVIEW, FL. 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.

Registered Agent Signature: SHAMARA L. BYRD

Article V

The name and address of managing members/managers are:

Title: MGR
SHAMARA L BYRD
8416 DEER CHASE DRIVE
RIVEVIEW, FL. 33569 US

Signature of member or an authorized representative of a member

Signature: SHAMARA L. BYRD

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