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SECKETARY OF STATE
VALLAHASSEE, FLORIDA

Melli

COVER LETTER *

TO:	Registration Se Division of Co			
SUBJI	ECT: Seals S	Swim Club LLC		
		(Name of Limite	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Kelley Hod	laes		
		 	Name of Person)	
		((Firm/Company)	
	3824 Benl	bow St.		
			(Address)	
	Panama C	City Beach, FL 324	08	
			/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
1	Kelley	Hodoes	at (850) 233-483	1
	(Name	of Person)	at (850) 233-483 (Area Code & Daytime To	elephone Number)
Enclos	sed is a check fo	or the following amount:		,
\$125	5.00 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INTICLES OF ORGANIZATION TON TECHNOLOGY ENVIRENCE TO COMMITTEE					
ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Seals Swim Club LLC					
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address:					
	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3824 Benbow St	3824 Benbow St.				
Panama City Beach, FL 32408	Panama City Beach, FL 32408				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	I Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another				
The name and the Florida street address of the	registered agent are:				
Kelley Hodges Name	<u>, , , , , , , , , , , , , , , , , , , </u>				
3824 Benbow St.					
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)				
Panama City Beach	FL 32408				
City, State,	and Zip				
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete page 1.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S				
- Helley I	adge -				
Registered Ageoft's Signa	ture (REQUIRED) ALCARET ALCARET F				
CONTE	SS SS				
(CONTIN Page 1 of	· · · · · · · · · · · · · · · · · · ·				
* # # Provided in the second s					

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

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

"MGR" = Manager	
"MGRM" = Managing Memb	ег
MGRM	Kelley C. Hodges
	3824 Benbow St
	Panama City Beach, FL 32408
MGRM	Michael R. Hodges
	3824 Benbow St.
	Panama City Beach, FL 32408
	·
(T.I +++1 ++ : E)	
(Use attachment if necessary)	
TEM Effective data if others	than the data of films. (OPTION I
	than the date of filing: (OPTIONA
days after the date of filing.)	must be specific and cannot be more than five business day
uays after the trate of iming.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

Kelley C. Hodges

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)