

LO7000061209

(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:

[Handwritten signature]

Office Use Only



500102085725

06/11/07--01024--022 **125.00

FILED

07 JUN 11 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 JUN 11 PM 3:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATE
ACCESS,
INC.

"When you need ACCESS to the world"

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 32066 (923) 5-7066 (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

FILED
JUN 11 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WALK IN

PICK UP:

6/11

CERTIFIED COPY

PHOTOCOPY

CUS

FILING

LLC

Sea Tee, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sea Tee LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:7001 Gibsonton DriveGibsonton, FL 33534**Mailing Address:**P O Box 733Riverview, FL 33568**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Charles T. Earle, Sr.

Name

7001 Gibsonton DriveFlorida street address (P.O. Box **NOT** acceptable)GibsontonFL 33534

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.

Charles T. Earle SR.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
07 JUN 11 PM 4:56
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Charles T. Earle, Sr.

7001 Gibsonton Drive

Gibson, FL 33534

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Charles T. Earle Sr.

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.)

Charles T. Earle, Sr.

Typed or printed name of signer

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)