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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: DNOA	THE SEA (Name of Limit		
500,001. <u>675 C.</u>	(Name of Limit	ted Liability Company)	<del></del>
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
Michae	- Albanese	(Name of Person)	
	Advertising		
945 U	s. 15 Stree	(Address)	
	Beach Flor	rida 33464	
	(Ci	ty/State and Zip Code)	
For further information of	concerning this matter, pleas	e call:	
Michael A	bausc of Person)	at (56/ 818- (Area Code & Daytime Tele	-3500 phone Number)
(,,,,,,,		(1.10.1 0.00 2.2 2.1, 11.110 1.110	<b>,</b>
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
UNDA THE SEALL (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
945 W. 15 Street RIVICIA BEACH FI 33404	SAMC
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Michael Albar Name	HASSEE, AF
945 W. 15 5+ Florida street add	
Pollern Beach	32404 DE 8

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 (REQUIRED)

City, State, and Zip

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	MICHAEL ALBANCSC 945 W. 15 Street RIVIERA BEACH F1 33404
MGR	TAMIA FITZGERALD  945 WIS STREET  RIVICIA BEACH FI 33464
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha If an effective date is listed, the date me o or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	SU CUL PRINT
	ember or an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution
of this document	ember or an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Mich	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)