

LOG000023580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

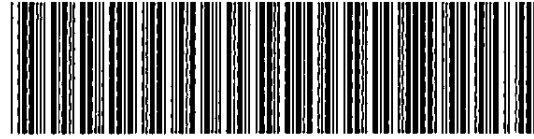
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400119474274

RECEIVED
08 MAR -5 PH 4: 09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR -5 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
MAR 6 2008
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 473614 4812402

AUTHORIZATION :

COST LIMIT : \$1250.00

[Handwritten signature]

08 MAR -5 AM 10:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 5, 2008

ORDER TIME : 3:40 PM

ORDER NO. : 473614-005

CUSTOMER NO: 4812402

DOMESTIC FILING

NAME: 110 SEASPRAY LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
MAR -5 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

110 Seaspray LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

110 Seaspray Avenue
Palm Beach, FL 33480

same

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:

Carolyn L. Karman
Name

110 Seaspray Avenue
Florida street address (P.O. Box **NOT** acceptable)
Palm Beach, FL 33480
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.

x 
Registered Agent's Signature (REQUIRED)
Carolyn L. Karman

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:

Managing Member

Janet K. Cook

134 Kensington Oval

Rocky River, OH 44116

Managing Member

Edward J. Karman

3974 State Road

Medina, OH 44256

Managing Member

Robb T. Karman

1245 Forest Avenue

Pacific Grove, CA 93950

Managing Member

Christopher J. Karman

29 Fox Trace Lane

Hudson, OH 44236

(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:


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.)

Carolyn L. Karman, Authorized Representative

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)