

L08000030113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

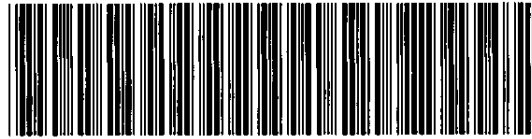
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B. KOHR

MAR 26 2008

EXAMINER



500121188605

03/26/08--01001--025 **130.00

RECEIVED
08 MAR 25 PM 4:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR 25 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 26 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 03-25-2008

REF. #: 000399.83824

CORP. NAME: SEA WINDS 205, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 525287 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
SEA WINDS 205, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name. The name of the Limited Liability Company is:

Sea Winds 205, LLC

2. Principal Office. The principal office of the Limited Liability Company is:

6401 Colchester Road
Fairfax Station, VA 22039

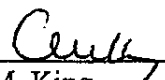
3. Mailing Address. The mailing address of the Limited Liability Company is:

6401 Colchester Road
Fairfax Station, VA 22039

4. Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:

Clifford M. King
1990 Main Street, Suite 700
Sarasota, FL 34236

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 obligation of my position as registered agent as provide for in Chapter 608, F.S.



Clifford M. King

5. Managing Member. The name and address of the initial managing member is as follows:

Angela H. Smith
6401 Colchester Road
Fairfax Station, VA 22039

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.

Dated this 25 day of March, 2008.



Clifford M. King, Authorized Representative

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