

L08000044507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

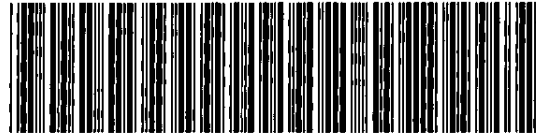
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 5 2008

EXAMINER

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date:

5/5/08

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

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TALLAHASSEE, FLORIDA

Corporation Name:

Sea Oaks Acquisition, LLC

Entity Number (if applicable):

Authorization:

Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy

☐ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

CF Internal Use Only

Client: _____ Matter: _____

Name: L. Harris Office: WPB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **SEA OAKS ACQUISITION, LLC**

ARTICLE II - Address:

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

150 East 58th Street
New York, New York 10155

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

150 East 58th Street
New York, New York 10155

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TALLAHASSEE, FLORIDA


ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CFRA, LLC
Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd
Tampa, FL 33607-5736

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.

CFRA, LLC

By: 
Name: Lynda J. Harris
Title: Shareholder

PREPARED BY:
LYNDA J. HARRIS, ESQ.
FLORIDA BAR NO. 462144
CARLTON FIELDS, P.A.
P.O. BOX 150
WEST PALM BEACH, FLORIDA 33402

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

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

<u>Title</u>	<u>Name and Address</u>
Managing Member	PETER FRIEDMAN 150 East 58 th Street New York, New York 10155

REQUIRED SIGNATURE:


Name: PETER FRIEDMAN

(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.)