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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 31 AM 8:18

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SEAVIEW JACKSONVILLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

AUG - 1 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEAVIEW JACKSONVILLE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

(Name of Person)

Triad Professional Services, LLC

(Firm/Company)

2050 Marconi Drive, Suite 150

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Person)

at (770) 777-2091

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 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 Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION

OF

SEAVIEW JACKSONVILLE, LLC

This Certificate of Formation pertains to the formation of Seaview Jacksonville, LLC, a limited liability company organized under the Florida Limited Liability Company Act, as follows:

1. The name of the limited liability company is Seaview Jacksonville, LLC, (the "Company").
2. The address of the Company's principal office in the State of Florida is 2851 Seminole Street, Miami, FL 33133.
3. The address of the Company's registered office in the State of Florida is 2731 Executive Park Drive, Suite 4, Weston, FL 33331. The registered agent at such address is NRAI Services, Inc.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the 31st day of July, 2008.


Donn Beloff, Authorized Person

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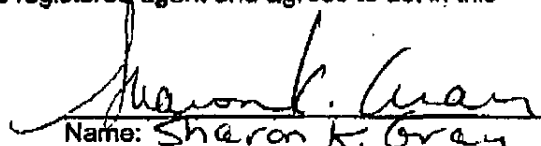
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CONSENT OF REGISTERED AGENT

OF

SEAVIEW JACKSONVILLE, LLC

Having been named as registered agent to accept service of process for the above-referenced limited liability company at the place designated herein, the undersigned confirms familiarity with and accepts the appointment as registered agent and agrees to act in this capacity.


Name: Sharon K. Gray
NRAI Services, Inc.
Date: July 31, 2008

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