

L 080000097213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

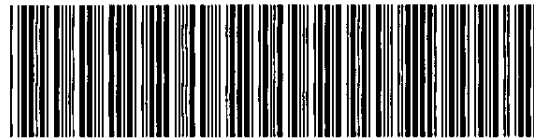
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/08--01010--010 **155.00

RECEIVED
08 OCT 15 PM 1:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 OCT 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

OCT 15 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

10/15/2008

Ck Enc for \$155.00 #

8263

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- Seaview Sunsets, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time _____

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials jac

FILED
OCT 15 PM 2:15
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
SEAVIEW SUNSETS, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

FILED
OCT 15 PM 2:15
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agree to the following:

ARTICLE I - NAME

The name of the Limited Liability Company shall be SEAVIEW SUNSETS, LLC.

ARTICLE II - MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE

OF COMPANY

The mailing address of the Limited Liability Company is 29750 U.S. Highway 19 North, Suite 200, Clearwater, Florida 33761. The street address of the principal office of the Limited Liability Company is 29750 U.S. Highway 19 North, Suite 200, Clearwater, Florida 33761.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

The business of the Limited Liability Company shall be conducted under the exclusive management of its members. The names and addresses of the initial member of the Limited Liability Company is:

Joseph J. Sorota, Jr.

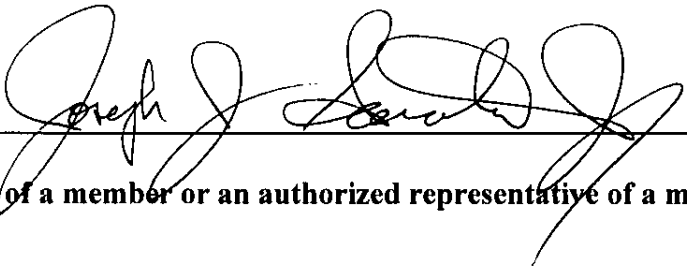
29750 U.S. Highway 19 North, Suite 200
Clearwater, Florida 33761

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.



Signature of a member or an authorized representative of a member.

Joseph J. Sorota, Jr.

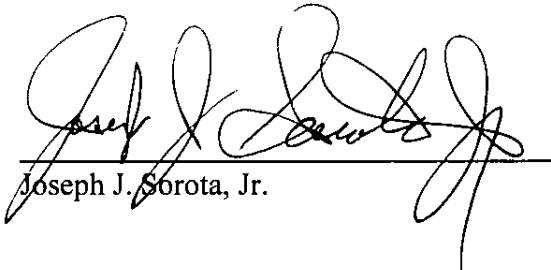
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

1. The name of the Limited Liability Company is: SEAVIEW SUNSETS, LLC
2. The name and address of the registered agent and office is: Joseph J. Sorota, Jr.
29750 U.S. Highway 19 North, Suite 200
Clearwater, FL 33761

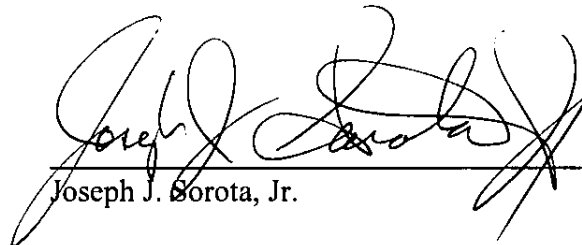
Dated this 10th day of October, 2008.



Joseph J. Sorota, Jr.

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.

Dated this 10th day of October, 2008.



Joseph J. Sorota, Jr.