L09000021290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Effective Date 02/24/09

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DIVISION OF CORPORATIONS
09 MAR -3 AM 11:52

T. HAMPTON

MAR - 4 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SEACOR PROPERTY SOLUTIONS, 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:

MELISSA SECREST
(Name of Person)

SEACOR PROPERTY SOLUTIONS
(Firm/Company)

P.O. BOX 1072
(Address)

OLDSMAR, FL 34677
(City/State and Zip Code)

For further information concerning this matter, please call:

MELISSA SECREST at (727) 967-5994
(Name of Person) (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

SEACOR Property Solutions
PO Box 1072,
Oldsmar, FL. 34677

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

COVER LETTER

Filing for Articles of Organization for SEACOR Property Solutions with mailing address of PO Box 1072, Oldsmar, FL 34677. Daytime phone number of 727-967-5994. All required information is included pursuant to s. 608.407.

Thank you,

Melissa Secrest,
Manager and Registered Agent
SEACOR Property Solutions

Effective Date 02/24/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SEACOR PROPERTY SOLUTIONS, 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:

2600 45th WAY NORTH
ST PETERSBURG, FL
33713

Mailing Address:

P.O. BOX 1072
OLDSMAR, FL 34677

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:

MELISSA SECREST
Name

4896 RIDGEMOOR CIR
Florida street address (P.O. Box **NOT** acceptable)

PALM HARBOR, FL 34685
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.

Melissa Secrest
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	GARY SELF 2600 43th WAY NORTH ST PETERSBURG, FL 33713
MGR	MELISSA SECREST 4896 RIDGEMOOR CIR PALM HARBOR, FL 34685

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/24/09 . (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:

Melissa Secrest

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.)

MELISSA SECREST
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)

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