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C. LEWIS

JUL 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: PV Sea Creation	is, LLC.
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
John SI	Plant Name of Person
	Number of Person
PVSea	Creations, LLC Firm/Company
	Firm/Company
881 Sa	wyer Lun Lane
	Address
Ponte Ve	dra beach, Fl 32082
isleighte a	State and Zip Code arth link. net
	r future annual report notification)
For further information concerning this matter, please	call:
John Sleight Name of Person	at (\$50. 849-6298
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcip\\$130.00 Filing Fee & [\bigcip\\$130.00 Filing Fee & [\bigcip\\$130.00 Filing Fee & [\bigcip\\$25.00]	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	mpany is:
PV Sea Cr	reations, LLC
(Must end with the words "L	climited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

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5 Principal DA
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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.)

business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Shn Sleight Name Name Provide street address (P.O. Box NOT acceptable) Ponk Velia leach FL 32082 City, State, and Zip	FILED 09 JUL 21 PH 1: 50 SECRETARY OF STATE TALLAHASSEE. FLORIC
	>

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED ...

(Use attachment if necessary)

REQUIRED SIGNATURE:

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.)

John Dleight
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)