L100000035961

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
operations to ming office.	
,	

Office Use Only



900173835809

04/01/10--01004--013 **130.00

SECRETARY OF STATE OIVISION OF CORPORATION

T. HAMPTON

APR - 2 2010

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 77 Sea Breeze "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:
Carl Rector
Name of Person
77 Sea Breeze
Firm/Company
6763 N. Palafox St.
Address
Pensacola , Florida , 32503
City/State and Zip Code
Crirector@aol.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carl Rectorat (850)341-7354
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\bigsim \frac{1}{2}\$\$\$\$130.00 Filing Fee & Certificate of Status \$\bigsim \frac{1}{2}\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
77 Sea Breeze "LLC."	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is
B 4 4 5 6 6 6 7 6 7 7 8 8 9 1 1 1 1 1 1 1 1 1 1	
Principal Office Address:	Mailing Address:
6763 N. Palafox St.	6763 N. Palafox St.
Pensacola, FL. 32503	Pensacola, FL. 32503
	red Office, & Registered Agent's Signature: segistered Agent. You must designate an individual or another the registered agent are:
Carl Rector	
Na	TISION OF APR -
500 Shiloh Drive	
Florida street	t address (P.O. Box NOT acceptable)
Pensacola,	FL 32503
City	, State, and Zip
	to accept service of process for the above stated that to the above stated that to this certificate, I hereby accept the appointment as

Having been named as registered agent and to accept service of process for the above stated finited 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

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

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

"MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
"MGR"		Carl Rector	
			_
		500 Shiloh Drive Pensacola, FL. 32503	
"MGRM"		Lauren Rector	
		500 Shiloh Drive	
		Pensacola, FL. 32503	_
			
			
(Use attachmen	nt if necessary)		_
CLE V: Effective date is 100 days after the	e date, if other than t	the date of filing: (OPTION of the specific and cannot be more than five business.	ONAL) s days p
CLE V: Effective date is 100 days after the	ve date, if other than the listed, the date must date of filing.)	the date of filing: (OPTION of the specific and cannot be more than five business. The specific and cannot be more than five business. The specific and cannot be more than five business.	ONAL) s days p
CLE V: Effective date is 100 days after the	listed, the date must date of filing.) SIGNATURE: Signature of a men	nber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.	s days p
CLE V: Effective date is 100 days after the	listed, the date must date of filing.) SIGNATURE: Signature of a men (In accordance with of this document co	nber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.	ONAL) s days p

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)