# L10000045274

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
(Sociality Value 1)
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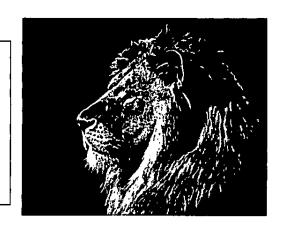
10 APR 27 PM 3: 5:
SECRETARY OF STATE
WILL AHASSEE, FLORM

J. BRYAN

APR 28 2009

**EXAMINER** 

Sealyons L.L.C. 2397 SE Dixie Highway Stuart, F.L. 34996 Tel: (772) 224-9854 E-mail: Jim@sealyons.us



Date: 23 April 2010

### To:

Florida Department of State Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: Articles of Organization

Enclosed are the Articles of Organization and our check in the amount of \$125.00 for filing fee.

Should you have any questions, please do not hesitate to contact me.

Kind regards,

James G. Lianos

10 APR 27 PM 3: 56
SECRETARY OF STATE
NATIONAL ANSSEE, FLORIDA

# **COVER LETTER**

TO:	Registration Division of C							
SUBJ	ECT: SEALY							
		Name of Limit	ted Liability Co	mpany				
The en	sclosed Articles o	of Organization and fee(s) are	submitted for f	iling.				
Please	return all corres	pondence concerning this mat	ter to the follow	ving:				
	James G. Lia	inos						
			Name of Person	1		SECRET	10 APR	
			Firm/Company			ARY O	27 PM	ו
2397 SE Dixie Highway					T (8	دي	!	
			Address			SEE.	:56	
	Stuart, FL 34		10.					
			y/State and Zip (	Jode				
	jim@sealyons	S.US  E-mail address: (to be used)	for future annual	report notification	.n)			_
For fur	ther information	concerning this matter, please		roport nourcount	,			
Jim L	ianos		_ at (_772	)224-985	54			
	Name	of Person	Area C	Code & Daytime	Telephone Nur	nber		
Enclos	sed is a check f	or the following amount:						
<b>⊒\$</b> 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified (additional)	_	) Certific	O Filing F cate of Sta ed Copy nal copy is e	itus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regisi Divisi Clifto 2661	t/Courier Addr tration Section ion of Corporat on Building Executive Cent nassee, FL 3230	ions er Circle			

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		TILE TO APR 21
SEALYONS LLC.		競り加
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LL	c.") लिया में <b>ज</b>
ARTICLE II - Address:		S S S
The mailing address and street address of the pri	incipal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
2397 SE Dixie Highway		
Stuart, FL 34996		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	Effective Date 04 3 10
James G. Lianos		
Name		-
2397 SE Dixie Highway		
Florida street add	ress (P.O. Box NOT accepta	able)
Stuart	FL 34996	_
City, Stat	te, and Zip	
Having been named as registered agent and to a	scept service of process	for the above stated limited

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..

Régistered 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" = Manager		F.C.
"MGRM" = Managing Member		SECRETAL SECRETAL
MGR	James G. Lianos	SSI
	2397 SE Dixie Hwy	संव
	Stuart, FL 34996	7.05
MGRM	Alyse G. Galatis	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	2397 SE Dixie Hwy	
	Stuart, FL 34996	
	****	
Use attachment if necessary)		
LE V: Effective date, if other than the	date of filing: 22nd April 2010	(OPTION
fective date is listed, the date must b	e specific and cannot be more than	

**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.)

James G. Lianos

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)