110000049894

| (Red | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (=== | arroad Ernity Har | , |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| , | | • |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700177569287

04/29/10--01034--014 **125.00



T. CLINE

MAY 10 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2010

ELIZABETH SERIO 425 KANUGA DRIVE WEST PALM BEACH, FL 33401

SUBJECT: SEACO, LLC Ref. Number: W10000021076

We have received your document for SEACO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavition letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P080000086080.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 810A00010808

COVER LETTER

| TO: | Registration S Division of Co | | | | | | |
|----------------|----------------------------------|---|---------------------------|--|----------------|-------------------|--------------|
| SUBJI | ECT: | SEA | ACO, LLC | | | | |
| | | Name of Limite | ed Liability C | Company | | | |
| The en | closed Articles of | of Organization and fee(s) are | submitted for | filing. | , | | |
| Please | return all corresp | pondence concerning this matt | er to the follo | owing: | | | |
| | ELIZABETH | A. SERIO | | | | | |
| | | | Name of Pers | on | | | |
| | SEACO, LLC | | | | | | |
| | | | Firm/Compar | ny | | | |
| | 425 KANUGA | ADRIVE | | | | | |
| | | | Address | | | | |
| | WEST PALM | BEACH, FL 33401 | | | | TAI SI | <u> </u> |
| | LIZ@CUBICL | Cit ECURTAINFACTORY.C. | y/State and Zip OM |) Code | | SHORE TO TALLEAHA | * DO - |
| | | E-mail address: (to be used f | or future annu | al report notification | on) | SSE C |) |
| For fu | rther information | concerning this matter, please | call: | | | | |
| ELIZ | ABETH A. SE | | at (561 | | | STATE | 12 (See) |
| | Name | of Person | Area | a Code & Daytime | Telephone Numb | er 🎞 | |
| Enclo | sed is a check for | or the following amount: | | | | | |
| ⊒ \$125 | .00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certifie | Filing Fee & d Copy al copy is enclosed | l) Certified | ite of Status | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Reg Div Clif 266 | eet/Courier Add gistration Section vision of Corpora fton Building I Executive Cen lahassee, FL 323 | itions | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| SEALO. | 3,LLC |
|--|---|
| | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 425 KANUGA DRIVE | 425 KANUGA DRIVE |
| WEST PALM BEACH, FL 33401 | WEST PALM BEACH, FL 33401 |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the | legistered Agent. You must designate an individual or another the registered agent are: |
| ELIZABETH A. SERIO | |
| Na | ame ST C |
| 425 KANUGA DRIVE | |
| Florida street | t address (P.O. Box <u>NOT</u> acceptable) |
| WEST PALM BEACH, | FL , 33401 |

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..

City, State, and Zip

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:

| <u>Title:</u> "MGR" = Manager | Name and Address: | |
|--|---|-----------------|
| "MGRM" = Managing Member | | |
| MGR | STEPHANIE S. SERIO | |
| | 425 KANUGA DR | |
| | WEST PALM BEACH, FL 33401 | |
| MGR | ARTHUR F. SERIO | |
| | 425 KANUGA DR | |
| | WEST PALM BEACH, FL 33401 | |
| MGRM | ELIZABETH A. SERIO | |
| | 425 KANUGA DR | |
| | WEST PALM BEACH, FL 33401 | |
| | AS | 2010 APR |
| | | |
| | | Ď |
| | Se Se | 29 |
| | m ~ | |
| (Use attachment if necessary) | | in. |
| | | \$ |
| CLE V: Effective date, if other than the | ne date of filing: April 27, 2010 . (OP) IONA | (型) |
| effective date is listed, the date must | be specific and cannot be more than five business day | VS DI |
| 00 days after the date of filing.) | | |
| 90 days after the date of filing.) | | |
| | | |

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.)

ELIZABETH A. SERIO

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)