

L1000001152823

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9685

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**FLORIDA LIMITED LIABILITY CO.
SEACREST RESIDENCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

D. BRUCE
MAY 13 2010
EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

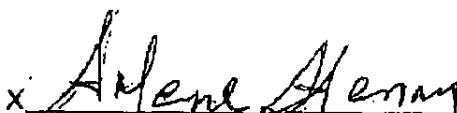
SEACREST RESIDENCE LLC

ARTICLE II ADDRESSThe mailing address and street address of the principal office of the
Limited Liability Company is:144 SE 31ST AVENUE
BOYNTON BEACH, FLORIDA 33435FILED
10 MAY 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

ARLENE HENRY
144 SE 31ST AVENUE
BOYNTON BEACH, FLORIDA 33435

Having been named as registered agent 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.

x 

ARLENE HENRY / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

ADRIA TAYLOR

144 SE 31ST AVENUE

BOYNTON BEACH, FL 33435

MANAGING MEMBER

GLORIA BIMBINECK

144 SE 31ST AVENUE

BOYNTON BEACH, FL 33435

MANAGING MEMBER

ARLENE HENRY

144 SE 31ST AVENUE

BOYNTON BEACH, FL 33435

FILED
10 MAY 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....

X Arlene Henry
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.

ARLENE HENRY

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