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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. BRYAN

AUG 3 0 2010

EXAMINER

COVER LETTER

ŢO:

T O:	Registration S Division of Co			
SUBJ	ECT: Seagra	pe Yarns, LLC		
		Name of Limit	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this matt	ter to the following:	
	Judson White	ehorn		
			Name of Person	
	Seagrape Ya	rns, LLC		
			Firm/Company	7 S. 5
	1855 Crafton	Road		AUG
			Address	27 ASSE
	North Palm B	each, FL 33408		ing p
			y/State and Zip Code	-
	judwhitehorn(@gmail.com		
		E-mail address: (to be used f	for future annual report notification)	y (1)
For fu	ther information	concerning this matter, please	e call:	
Judso	on Whitehorn		at (561) 531-9477	
	Name	of Person	Area Code & Daytime Teler	phone Number
Enclos	sed is a check for	or the following amount:		
⊿\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·		-t10 6
ARTICLE I - Name:		产员
The name of the Limited Liability Company is	s:	MIG 27
Seagrape Yarns, LLC		SSEE B
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	DU:
ARTICLE II - Address: The mailing address and street address of the	nrincinal office of the Limited L	iability Company is:
The manning address and street address of the	· ·	habinty Company is.
Principal Office Address:	Mailing Address:	
1855 Crafton Road	1855 Crafton Road	
North Palm Beach, FL 33408	North Palm Beach, FL 33408	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an indi	
Judson Whitehorn		
Nam	e	
1855 Crafton Road		•
Florida street a	ddress (P.O. Box NOT acceptable)	
North Palm Beach	FL 33408	
City, S	State, and Zip	
Having been named as registered agent and to liability company at the place designated in	this certificate, I hereby accept t	the appointment as

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 fregistered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Juoson WHITEHORN
	1855 CRAFTON 121. N. PALM SEACH PL 33408
	N. PALM YEARLY PL 53400
	
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LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPPION to be specific and cannot be more than five business date
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem	the date of filing: (OFFION to be specific and cannot be more than five business date of a member or an authorized representative of a member.
LE V: Effective date, if other than to fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	the date of filing: (OPPON) t be specific and cannot be more than five business da the specific and cannot be
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of this document control that the facts stated	the date of filing: (OFFION to be specific and cannot be more than five business date of a member or an authorized representative of a member.

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)