## L11000006912

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| (Requestor's Name)                      |  |  |  |
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| , , , ,                                 |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Dusiness Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
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EXAMINER

## **COVER LETTER**

|   | Registration Section Division of Corporations   |  |  |  |  |
|---|---|--|--|--|--|
| SUBJE   | CT: Seashells by the Seashore, LLC.   |  |  |  |  |
|   | Name of Limited Liability Company   |  |  |  |  |
| The enc                                       | losed Articles of Organization and fee(s) are submitted for filing.   |  |  |  |  |
| Please r                                      | eturn all correspondence concerning this matter to the following:   |  |  |  |  |
|   | Tamara J. Beckel  |  |  |  |  |
| -   | Name of Person  |  |  |  |  |
| Seashells by the Seashore, LLC.  Firm/Company |   |  |  |  |  |
|   | 22328 Calibre Court, Apt 706  |  |  |  |  |
| _   | Boca Raton, Florida 33433   |  |  |  |  |
| City, State & Zip                             |   |  |  |  |  |
| -   | Tbeckel1@comcast.net  |  |  |  |  |
|   | Email Address: (to be used for future annual report notification)   |  |  |  |  |
| For furt                                      | her information concerning this matter, please call:  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,         | Tami Beckel at (407) 666-3911  Area Code & Daytime Telephone Number   |  |  |  |  |
| Enclose                                       | ed is a check for the following amount:   |  |  |  |  |
| \$125   | 5.00 Filing Fee \$\frac{X}{\text{Certificate of Status}}\$\$130.00 Filing Fee & \frac{X}{\text{Certified Copy}}\$\$\$155.00 Filing Fee & \frac{X}{\text{Certificate of Status}}\$ |  |  |  |  |

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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - NAME The name of the Limited Liability Company  | <i>y</i> is:   |  |
|---|--|--|
| Seashells by the Seashore, LLC. (must end with the words "Lin   | nited Liability Company, "L.L.C.", or "LLC   | ·")  |
| ARTICLE II - Address: The mailing address and street address of the pr  | incipal office of the Limited Liability Co   | ompany is:   |
| Principal Office Address:   | Mailing Address:   |  |
| 22328 Calibre Court, Apt 706 Boca Raton, Florida 33433  | 22328 Calibre Court, Apt 706 Boca Raton, Florida 33433   |  |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  | own Registered Agent. You must designate   |  |
| The name and the Florida street address of t  |  | 2011   |
| Tamara J. Beo   | Name   | II JAN<br>ECRETI   |
|   | e Court, Apt 706<br>dress (P.O. Box NOT acceptable)  | ARY O  |
| Boca Raton, I   | Florida 33433<br>City, State, and Zip  | AM 10: 27  OF STATE E. FLORIDA   |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this coall statutes relating to the proper and compand accept the obligations of my position of Registered | d in this certificate, I hereby accept the apacity. I further agree to comply win plete performance of my duties, and as registered agent as provided for in | above stated limited<br>he appointment as<br>ith the provisions of<br>I I am familiar with |

(CONTINUED)

FILED

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title:  | Name and Address:                                | 2011 JAN 14 AM 10: 27                      |
|---|--|--|
| "MGR" = Manager "MGRM" = Managing Member  |  | SECRETARY OF STATE<br>TALEAHASSEE, FLORIDA |
| MGRM  | Tamara J. Beckel<br>22328 Calibre Court, Apt 706 |  |
|   | Boca Raton, Florida 33433                        |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| (Use attachment if necessary  |  |  |
| ARTICLE V: Effective date, if other than (If an effective date is listed, the date must be to or 90 days after the date of filing.)                               |  |  |
| REQUIRED SIGNATURE:   |  |  |
| Jamara J. Signature of a member of  | Buckel an authorized representative of a member. | -  |
| (In accordance with section 608.408(3), Florida Starthe penalties of perjury that the facts stated herein a document to the Department of State constitutes a the | re true. I am aware that any false information   | submitted in a                             |
| Tamara J. Be Typed  | ckel<br>or printed name of signee                | <b>-</b>                                   |

Filing Fees:

\$125.00 for Filing Fee for Articles or Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 certificate of Status (Optional)