

L11000050204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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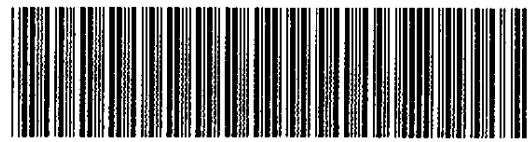
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sarasea LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. David Moallem

Name of Person

M. David Moallem, Inc.

Firm/Company

1663 NE Georgia St. #200

Address

Palm Bay, FL. 32907

City/State and Zip Code

Palmbaylots @ hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Moallem

Name of Person

at ( 321 ) 724-2424

Area Code & Daytime Telephone Number

APR 27 1999  
TALLAHASSEE, FLORIDA  
FILED  
REGISTRATION OF STATE  
AGENCY  
APR 27 1999

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sarasea LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1663 NE Georgia St.  
#200  
Palm Bay, FL 32907

**Mailing Address:**

1663 NE Georgia St.  
#200  
Palm Bay, FL 32907

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

M. David Moglen  
Name

Name \_\_\_\_\_

1663 NE Georgia St. #200  
Florida street address (P.O. Box NOT acceptable)

Florida street address (P.O. Box NOT acceptable)

Palm Bay FL 32907

**City, State, and Zip**

*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..*

W. D. Wattle 

**Registered Agent's Signature (REQUIRED)**

**(CONTINUED)**

