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(Re	equestor's Name)	
————(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SEAVIEW Whole sale LLC	
SUBJECT: (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:	•
TREVOR PHILIPS (Name of Person)	
(Name of Person)	
SEA VIEW Wholesale LLC (Firm/Company)	
208 Congressional Way (Address) Deer Held Beach 71 33442 (City/State and Zip Code)	
(Address)	
Deertield Beach +1 33442	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
THE Phillips OFIR EZA TOS	_
(Name of Person) at (954) 579-802 (Area Code & Daytime Telephone Num	mber)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy al copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEA VIEW WHOLE SALE LLC.

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

3086 Job Road	208	congress	ional	way
Lake worth #1 33467	Deer 1	Field Be	wch_fl	334
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Name 208 Congre Florida street addr City. State, an	red Agent. You must resistered agent a SSIONAL ress (P.O. Box NOT FL 334	are: Way T acceptable)		

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..

Registered Agent's Signature (REQUIRED

<u>Title:</u>		Name and Address:		
"MGR" = Manage				
"MGRM" = Mana	iging Member			
TREVOR 1	745/1.ps (mg/	e) 208 congress	jonal	Wa
	_ /	Deerfield Bea	ich H	33
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CLE V: Effective date is listed to days after the date	ate, if other than the ded, the date must be see of filing.)		SECRETARY OF STA	prior
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CLE V: Effective date of the d	nate, if other than the ded, the date must be see of filing.) NATURE: Signature of a member of this document constitution and the section of this document constitution.	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	SECRETARY OF STA	prior
CLE V: Effective date of the d	nate, if other than the ded, the date must be see of filing.) NATURE: Signature of a member of the maccordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	SECRETARY OF STA	prior

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)