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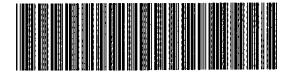
•
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EXAMINER



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COVER LETTER

TO: Registration Division of	n Section Corporations	•	
_{subject:} Sea	star Unlimited, L	LC	
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
Cynthia	a Welch		73
		Name of Person	FEB
**************************************		Firm/Company	
532 Tea	acup Springs Ct.		
		Address	
Winter G	arden, FL 34787		
# ''		ty/State and Zip Code	
c.welch@	infantswim.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	n concerning this matter, pleas	e call:	
Cynthia Welcl	h	at (321) 947-1589	
Nam	ne of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing F Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
	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: Seastar Unlimited, 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: **Mailing Address: Principal Office Address:** 532 Teacup Springs Ct. 532 Teacup Springs Ct. Winter Garden, FL 34787 Winter Garden, FL 34787 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: Cynthia Welch Name 532 Teacup Springs Ct.

Florida street address (P.O. Box NOT acceptable)
Winter Garden
FL 34787
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..

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	Cynthia Welch
	532 Teacup Springs Ct. Winter Garden, FL 34787
(Use attachment if necessary)	
TFV. Effective data if other th	an the date of filing: (OPTIONA
	an the date of filing: (OPTIONAl tust be specific and cannot be more than five business day

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cynthia T. Welch

Typed or printed name of signee

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)