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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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EXAMINER

COVER LETTER

| Division of C | | | | | | | |
|--------------------------|---|--|---|--|-------------|------------------|--|
| SUBJECT: SeaS | Scape Enterprises, | LLC | | | | | |
| 50 Dobe 11 | | d Liability Com | pany | | | ٠ | |
| The enclosed Articles | of Organization and fee(s) are s | ubmitted for fili | ng. | | | | |
| Please return all corres | spondence concerning this matte | er to the followir | ıg: | | | | |
| William (| Charles Wilkinsor | ı, Jr <u>. </u> | | | | | |
| | | Name of Person | | | | | |
| SeaSca | oe Enterprises, LL | С | | | | | |
| | | Firm/Company | | | | | |
| 17067 D | olphin Drive | | | | | | |
| | | Address | | | | | |
| North Red | lington Beach, Florid | da 33708 | | | 7 | だ | |
| | City | //State and Zip Co | ode | | ≥ | APR | 4 Mg |
| SeaScape | Yachtint@aol.com | | | | | | ************************************** |
| | E-mail address: (to be used for | or future annual re | port notification) | | % ₩ ~ | Ð | |
| For further information | n concerning this matter, please | call: | | | | PK | |
| Laurie George | | at (727 | , 403-5820 | | FLORIC | 6 3 €3 | ب |
| Nam | e of Person | Area Co | ode & Daytime Tele | phone Number | > | | |
| Enclosed is a check | for the following amount: | | | | | | |
| \$125.00 Filing Fee | ▼ \$130.00 Filing Fee & Certificate of Status | S155.00 Fill Certified C | | \$160.00 Fil Certificate of Certified Co (additional co | of Statu | s & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registr Divisio Clifton 2661 E | Courier Address ration Section on of Corporation Building Executive Center (assee, FL 32301 | s | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | |
|---|---|--|--|--|--|
| The name of the Limited Liability Company is: | | | | | |
| | | | | | |
| SeaScape Enterprises, LLC | | | | | |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: | | | | | |
| | incipal office of the Limited Liability Company is: | | | | |
| · | • | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 17067 Dolphin Drive | 17067 Dolphin Drive | | | | |
| North Redington Beach, Florida 33708 | North Redington Beach, Florida 33708 | | | | |
| | | | | | |
| ARTICLE III - Registered Agent, Registered | Office & Registered Agent's Signature: | | | | |
| (The Limited Liability Company cannot serve as its own Regist | tered Agent. You must designate an individual or another | | | | |
| business entity with an active Florida registration.) | A DOMESTIC OF THE PARTY OF THE | | | | |
| The name and the Florida street address of the r | registered agent are: | | | | |
| William Charles Wilkins | son, Jr. 현육 글 🎹 | | | | |
| Name | | | | | |
| 17067 Dolphin Di | rive BG 2 | | | | |
| <u> </u> | dress (P.O. Box NOT acceptable) | | | | |
| North Redington Beach | · | | | | |
| | ate, and Zip | | | | |
| City, St | me, min = ip | | | | |

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

EMECHIVE DATE 4/12/12

| Title: "MGR" = Mana "MGRM" = Ma | iger inaging Member | Name and Address: |
|---|--|---|
| MGR | | William Charles Wilkinson, JR. |
| | - | 17067 Dolphin Drive |
| | | North Redington Beach, Florida 33708 |
| | | |
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| (Use attachment CLE V: Effective effective date is li days after the d | date, if other than that the date must | ne date of filing: 4/12/12 . (OPTION be specific and cannot be more than five business da |
| CLE V: Effective | date, if other than the date must late of filing.) | ne date of filing: 4/12/12 (OPTION be specific and cannot be more than five business da |
| CLE V: Effective ffective date is lid days after the d | date, if other than the sted, the date must late of filing.) | the date of filing: 4/12/12 (OPTION be specific and cannot be more than five business date of an authorized representative of a member) |

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

\$ 5.00 Certificate of Status (Optional)

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees: