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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

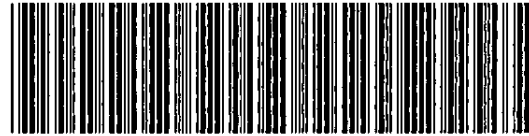
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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EXAMINER



Seastone of Delray

WWW.SEASTONEOFDELRAY.COM

SEASTONE OF DELRAY LLC
PMB 227 - 9658 GLADES RD- D-3
BOCA RATON, FL 33434
PH: 203-687-7920
FAX: 561-423-6427
EMAIL: seastoneofdelray@yahoo.com

July 25, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

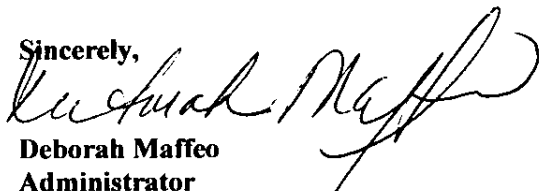
To Whom It May Concern:

Enclosed is the completed Articles of Organization for Florida Limited Liability Company.

Please call me at 561-215-0541 if you have any questions in regards to the form.

Also enclosed is a check for \$125.00 as requested.

Sincerely,


Deborah Maffeo
Administrator

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seastone of Delray 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:

Lewis MAFFeo
Name of Person

Seastone of Delray
Firm/Company

PMB 227 9858 Glades Rd, D-3
Address

Boca Raton, FL 33434
City/State and Zip Code

Seastoneofdelray@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah MAFFeo at (561) 215-0541
Name 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 ☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seastone of Delray 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:

801 N. Andrews Ave
Delray Beach, FL
33483

Mailing Address:

PMB 227
9858 Glades Rd, D-3
Boca Raton, FL
33434

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:

Lewis Maffeo
Name
10666 Crystal Lake Dr.
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton, FL
33428
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Mr. Lewis MAFFEO
10666 Crystal Lake Dr.
BOCA RATON, FL 33428

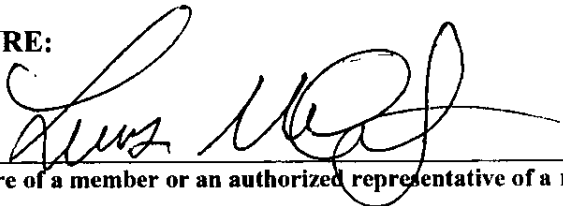
Mr. Charles Esposito
742 E. Broadway
MILFORD, CT 06460

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Lewis MAFFEO

Typed or printed name of signer

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)

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