

L12000101625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

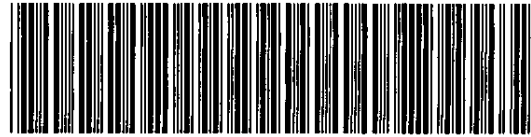
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG - 7 2012

EXAMINER



600238185566

08/06/12--01015--014 \*\*130.00

FILED  
12 AUG - 6 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JOE R. WOLFE**

ATTORNEY AND COUNSELLOR AT-LAW  
P.O. BOX 2924 • CLEARWATER, FLORIDA 33757 • PHONE AND FAX (727) 461-2262

TAXATION  
ESTATE PLANNING & ADMINISTRATION

REAL ESTATE  
CORPORATION & BUSINESS LAW

Registration Section  
Florida Divisions of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

8/3/2012

Dear Sir or Madam:

Formation of SEAWOLFE, LLC


The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to Joe R. Wolfe,  
P. O. Box 2924, Clearwater, Florida, 33757.

To call please use 727-461-2262.

The enclosed check is for 130.00 is for the filing fee & certificate of Status.

Sincerely,

  
Joe R. Wolfe

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I- NAME

The name of the Limited Liability company is:

SEAWOLFE, LLC

## ARTICLE II ADDRESS

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

### Principal office address

Robert Stewart  
19 Fairbanks Drive  
Clearwater, Fl. 33764

### Mailing address

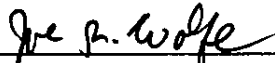
Joe R. Wolfe  
P. O. Box 2924  
Clearwater, Fl. 33757

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

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

JOE R. WOLFE  
5323 Boardwalk St.  
Holiday, Fl. 346920

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 of Joe R. WOLFE

## ARTICLE IV MANAGERS MEMBERS

Either one of the two managing members can act alone in managing the affairs of Seawolfe, LLC and their names and address are:

Manager- Joe R. Wolfe, mailing address P. O. Box 2924, Clearwater, FL. 33757, Home address 5323 Boardwalk St., Holliday, Fl. 34690

Manager Robert Stewart, 19 Fairbanks Drive, Clearwater, Fl. 33764

FILED  
12 AUG -6 PM 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

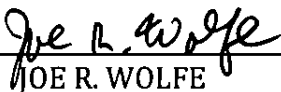
**ARTICLE V**

The effective date shall be August 3, 2012.

**SIGNATURE**

  
\_\_\_\_\_

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 in s.817.155, F. S.

  
\_\_\_\_\_  
JOE R. WOLFE