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2013 JUN 20 AM II: 31
SECRETARY OF STATE
AND ASSECT FLORIDA

JUN 21 Z013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

SEAGULL THRIFT STORE #2, 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:

PETER L. BRETON, ESQ.

Name of Person

BRETON, LYNCH, EUBANKS & SUAREZ-MURIAS, P.A.

Firm/Company

1209 NORTH OLIVE AVENUE

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

pbreton@blesmlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter L. Breton

_{at} 561

721-4003

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Names	
ARTICLE I - Name: The name of the Limited Liability Company is:	ty Company, "L.L.C.," or "LLC.")
SEAGULL THRIFT STORE #2, LLC	10 To
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
	To !
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3879 Byron Drive	3879 Byron Drive
West Palm Beach, FL 33404	West Palm Beach, FL 33404
The name and the Florida street address of the respective Peter L. Breton, Esq. Name	egistered agent are:
1209 North Olive Avenue	_
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
West Palm Beach, FL 334	1 0,1
City, Sta	ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (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:

Title:	Name and Address:
"MGR" = Manager	<u></u>
"MGRM" = Managing Member	Seagull Industries for the Disabled, Inc. 3879 Byron Drive West Palm Beach, FL 33404
MGRM	Seagull Industries for the Disabled, Inc.
	3879 Byron Drive
	West Palm Beach, FL 33404
(II)	
(Use attachment if necessary)	
TEV: Effective data if other than the	e date of filing: (OPTIO
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or 90 days after the date of filing.) REQUIRED SIGNATURE:	er or an authorized representative of a member.
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe	•
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a member	3.408(3), Florida Statutes, the execution of this document

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)

Typed or printed name of signee