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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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	legistration Section Division of Corporations	
SUBJECT	Seaman Iris Way, LL	C
SOBJECT	Name of Limited Liabilit	
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	irn all correspondence concerning this matter to the f	ollowing:
	Thomas M. Dryden	
	Name of	Person
	Thomas M. Dryden, P.I	
	Firm/Cor	mpany
	1705 Colonial Blvd., St	e. B-3
	Addre	ess
	Fort Myers, FL 33907	
	City/State and	d Zip Code
	sweetbabyk2466@yahoo.com	or future annual report notification)
Tan fordha		ruture annual report notifications
	r information concerning this matter, please call:	007 0004
1 nor	mas M. Dryden at 239	337-2001
	Name of Person Area Code	Daytime Telephone Number
Enclosed i	Certificate of Status Certificate	30 Filing Fee & \$160.00 Filing Fee, certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address

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

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:		
Seaman Iris Way, I	LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	<u> </u>	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
13317 Island Rd.	13317 Island Rd.	
Fort Myers, FL 33905	Fort Myers, FL 33905	
another business entity with an active Florida re	is its own Registered Agent. You must designate an individual egistration.)	or
The name and the Florida street address of the r		
Karma J.	Seaman Name	
13317	nd Pd	
	(P.O. Box NOT acceptable)	
Fort Myers	FL 33905	
City	Zip	
the place designated in this certificate, I here capacity. I further agree to comply with the p	accept service of process for the above stated limited liability co eby accept the appointment as registered agent and agree to act provisions of all statutes relating to the proper and complete perf ept the obligations of my position as registered agent as provide Chapter 605, F.S	in this Formance
Kann	. V lu	643
Registered Ager	nt's Signature (REQUIRED)	-r

(CONTINUED)

Page 1 of 2

AMBR" = Manager AMBR Gary D. Seaman 13317 Island Rd. Fort Myers, FL 33905 AMBR Karma J. Seaman 13317 Island Rd. Fort Myers, FL 33905 AMBR Karma J. Seaman 13317 Island Rd. Fort Myers, FL 33905 EV: Effective date, if other than the date of filing: (OPTIONAL) citive date is listed, the date must be specific and cannot be more than five business days prior to or filling.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605 0203 (1) (b), Florida Statutes, the execution of this docume 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.) Karma J. Seaman Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	itle:	Name and Address:
AMBR Gary D. Seaman 13317 Island Rd. Fort Myers, FI. 33905 Karma J. Seaman 13317 Island Rd. Fort Myers, FI. 33905 EV: Effective date, if other than the date of filing: (OPTIONAL) (Cive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a membey or an authorized representative of a member. (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this docume 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.) Karma J. Seaman Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMBR" = Authorized Member	
AMBR Seaman 13317 Island Rd. Fort Myers FL 33905	MGR" = Manager	
EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) Karma J. Seaman Typed or printed name of signee Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MBR	
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