# 4000024322

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



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### **COVER LETTER**

|                   | ation Section<br>n of Corporations               |   |  |
|-------------------|--|---|--|
| SUBJECT:          | Sealty, LL                                       | mited Liability Company   |  |
| The enclosed Ar   | ticles of Organization and fee(s) a              | re submitted for filing.  |  |
| Please return all | correspondence concerning this n                 | natter to the following:  |  |
|                   | Michael G  | Corge Name of Person  |  |
|                   |  | Name of Person  |  |
|                   |  |   |  |
| -                 |  | Firm/Company  |  |
|                   | 6940 W. Line                                     | baugh Ave. Suit   | te 101   |
| <u></u>           | Tampa, Fl  | 2 33625<br>City/State and Zip Code                                  |  |
|                   | E-mail address: (to be use                       | City/State and Zip Code  2000                                       | tion)  |
| For further infor | mation concerning this matter, ple               |   |  |
| Micha             | el George at (                                   | 215 900 - 4  Area Code Daytime Tel                                  | 978<br>lephone Number  |
| Enclosed is a che | eck for the following amount:                    |   |  |
| \$125.00 Filing F | Fee □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                   | Mailing Address                                  | Street/Courier Add  | ress   |

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:

| Sealty, LLC  | Liability Company, "L.L.C.," or "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 o  | office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 6940W. Linebaugh Ave. Suite 101  | 6940 W. Linebaugh Ave. Suite 101<br>Tampa, FL 33625  |
| Tampa, FL 33625  | Tampa, FL. 33625   |
| (The Limited Liability Company cannot serve as its own<br>another business entity with an active Florida registration.)<br>The name and the Florida street address of the registered | on.)   |
|  |  |
| Michae Ge<br>Name  | orge   |
|  |  |
| Florida street address (P.O. Box   | Ave. Suite 101<br>NOT acceptable)  |
| Tampa  | FL <u>33625</u><br>Zin   |
| City   | Zip  |
| the place designated in this certificate. I hereby accept<br>capacity. I further agree to comply with the provisions<br>of my duties, and I am familiar with and accept the ob       | ervice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance digations of my position as registered agent as provided for in over 605, F.S |
| CONTINU  |  |
| Down 1 of  |  |

| <u>litle:</u>  | Name and Address:  |
|--|--|
| AMBR" = Authorized Member<br>MGR" = Manager  |  |
| CEO  | Michael E. George  |
|  | 6940 W. Linebaugh Ave Suite 1  |
|  | Jampa, FL 3 Xe25   |
| CMO  | Rocky E. Villegas  |
|  | 6940 W. Linebough Ave Suite  |
|  | Tampa, FL 33625  |
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| V: Effective date, if other than the tive date is listed, the date must b  | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or   |
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| V: Effective date, if other than the tive date is listed, the date must b filing.)   |  |
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