

L140 00118746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

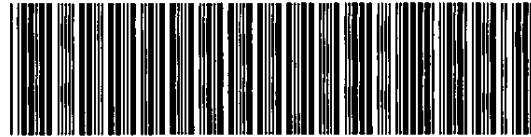
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/14--01062--001 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Attorneys at Law

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Email: subhi@smith-condeni.com

July 23, 2014

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: 3635 Seaside, LLC

Dear Sir or Madam:

Enclosed, please find one (1) original and one (1) copy of the Articles of Organization for the above referenced limited liability company and check #10061 in the amount of \$125.00 for processing fees.

Kindly process the Articles in your usual manner and return time-stamped copies of the same to the undersigned in the self addressed, stamped envelope provided.

Thank you for your assistance with this matter and please contact me if you have any questions.

Cordially,

SMITH AND CONDENI LLP

A handwritten signature in black ink, appearing to read "Subhi Sabeiha", is written over a horizontal line.

Subhi Sabeiha
Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3635 Seaside, 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:

Mark T. Perkins
Name of Person

Firm/Company

2828 Staples Avenue
Address

Key West, Florida 33040
City/State and Zip Code

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

For further information concerning this matter, please call:

Roberta A. Depiero at (305) 292-7963
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLE I - Name:

The name of the Limited Liability Company is:

3635 Seaside, 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:

Mailing Address:

2828 Staples Avenue
Key West, Florida 33040

2828 Staples Avenue
Key West, Florida 33040

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:

Mark T. Perkins

Name

2828 Staples Avenue

Florida street address (P.O. Box **NOT** acceptable)

Key West

City

FL 33040

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Mark T. Perkins

2828 Staples Avenue

Key West, Florida 33040

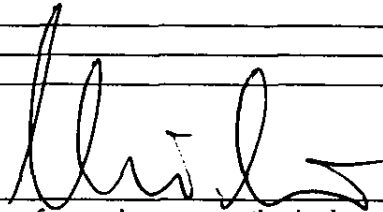
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED 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 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.)

Mark T. Perkins

Typed or printed name of signee

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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STATE OF FLORIDA
DEPARTMENT OF STATE