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COVER LETTER

	legistration Section livision of Corporations		
SUBJECT	r: SEABreeze Rep	PAIR & REO SERVICES "mitted Liability Company	<u>L.L.</u> C."
The enclos	sed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	un all correspondence concerning this m	satter to the following:	
	Milton B.	HATHORN	
	SEABRECZE Repr	sia a REO Service	5 'L.L.C."
		Firm/Company	
	1964 CHURC	H ST	
		Address	
	Gulf Breeze	2 FL 32563	
		City/State and Zip Code	
	SEABICEZE REPA	V2REO Service S @ YA) d for future annual report notification)	100,com
For further	information concerning this matter, ple	ase call:	
	Name of Person	Area Code Daytime Telephone N	lumber
Enclosed i	s a check for the following amount:		
□ \$125.00 F	iling Fee \$\sum \sum \\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certified (additional copy is enclosed) Certified Copy is enclosed)	.00 Filing Fee, ifficate of Status & fied Copy onal 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	

Effective Date 7/28/14

GUIF Breeze FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Malling Address:

SEA Breeze Repair + RED Services "L.L.C."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate the subject of the subject	ite an individual or
The name and the Florida street address of the registered agent are:	
Milton B. HATHORN	
Name	
1964 CHURCH ST	
Florida street address (P.O. Box NOT acceptable)	
GUIF Breeze 12 32563	
City Zip	
Having been named as registered agent and to accept service of process for the above stated li the place designated in this certificate, I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper at of my duties, and I am familiar with and accept the obligations of my position as registered of Chapter 605, F.S	and agree to act in this nd complete performance
Rogistered Agent's Signature (REQUIRED)	DIVIS
(CONTINUED)	SIGH OF SIGH

Page 1 of 2

ton B HATHORN M CHURCH ST F Breeze FL 32563
22-1014 (OPTIONAL) be more than five business days prior to or
>
orized representative of a member, orida Statutes, the execution of this documen perjury that the facts stated herein are true, in a document to the Department of State
in s.817.155, F.S.)
iñ \$.817.155, F.S.)
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Page 2 of 2