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. COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: 2110 Seaview, LLC Name of Lir	mited Liability Company	
The en	iclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Richard B. Hensler	Name of Person	
		Firm/Company	
	3926 West Granada Street	Address	
	<u>Tampa, FL 33629</u>	City/State and Zip Code	
		d for future annual report notifica	ation)
rorigi	ther information concerning this matter, plea	ase can.	
<u>Richa</u>	rd B. Hensler at () Name of Person	813) 787-7484 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$125.0	00 Filing Fee \$\times \text{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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ress 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
2110 Seaview, 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 of	
Principal Office Address:	Mailing Address:
3926 West Granada Street Tampa, FL 33629	3926 West Granada Street Tampa, FL 33629
ARTICLE III - Registered Agent, Registered Office, a (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Richard B. Henster Name	···· <u>·················</u>
3926 West Granada Street Florida street address (P.O. Box	NOT acceptable)
_Татра	FL 33629
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

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zed representative of a member.
da Statutes, the execution of this document
jury that the facts stated herein are true.
a document to the Department of State s.817.155, F.S.)
a document to the Department of State s.817.155, F.S.)
a document to the Department of State
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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