

✓  
L15000112946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

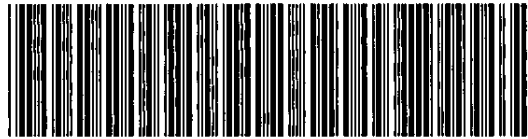
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900272763459

05/11/15--01038--013 \*\*125.00

FILED  
15 JUL -6 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 07 2015  
J SHIVERS

524  
2545



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2015

MICHAEL LEONARD  
600 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

SUBJECT: SEAISEA LLC  
Ref. Number: W15000043063

We have received your document for SEAISEA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not submit page 2 of the application.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00013175

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C2C, 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:

Michael Leonard  
Name of Person

C2C, LLC  
Firm/Company

600 S. ATLANTIC AVE.  
Address

NEW SMYRNA BEACH, FL 32169  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Leonard (386) 847-5001  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$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 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:

SeaHSea, 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:

Michael Leonard  
600 S. Atlantic Ave  
New Smyrna Beach, FL 32169

Mailing Address:

Michael Leonard  
600 S. Atlantic Ave  
New Smyrna Beach, FL 32169

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:

Michael Leonard  
Name  
600 S. Atlantic Ave  
Florida street address (P.O. Box **NOT** acceptable)  
New Smyrna Beach, FL 32169  
City State 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.

Michael Leonard  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 JUL -6 AM 10:32  
SECRETARY OF STATE  
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:**

Michael Leonard  
600 S Atlantic Ave  
New Smyrna Beach, FL 32169

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

Michael Leonard

Typed or printed name of signer

**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)

15 JUL -6 AM 10:32  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA