

L15000118045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

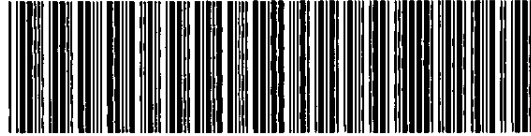
(Business Entity Name)

(Document Number)

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

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Mark R. Komray, Esq.

Attorney & Counselor at Law

1882 N. Tamiami Trail #3434

Fort Myers, Florida 33918

Direct Phone: 239-244-2245 & E-Mail: mrk@komraylaw.com

Admitted to Practice:  
Florida & Georgia &  
Supreme Court of United States of America

Florida Supreme Court  
Certified County & Civil Mediator

June 17<sup>th</sup>, 2015

Via FedEx Priority Overnight; Tracking No. 7740-0476-1545

**Dept. of Corporations**

ATTN: New Filings

Clifton Building

1661 Executive Center Circle

Tallahassee, FL 32301

*RE: Submission for Application for SEF Investments, INC.*

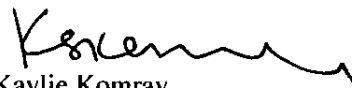
Dear Florida Department of Corporations;

As requested, please find the following documents enclosed, detailed in the chart below for submission. Additionally enclosed is a duplicate copy to be certified and returned; a pre-addressed envelope has also been included.

<b>SUBMISSION FOR APPLICATION FOR SEF INVESTMENTS, INC.</b>		
<b><u>Document</u></b>	<b><u>Pages</u></b>	<b><u>Date</u></b>
"FL- DEPT OF STATE/DIVISION OF CORPS SUBMISSION GUIDLINE"	2 PGS	--
"COVER LETTER"	1 PGS	JULY 8 <sup>TH</sup> , 2015
"ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY" <i>EXECUTED</i>	2 PGS	JULY 8 <sup>TH</sup> , 2015
PAYMENT FOR FILING FEE IN THE AMT OF <u>160.00</u> ; CHECK NO. <u>76751</u> MADE PAYBLE TO THE DEPT OF STATE;	1 ENVELOPE	JULY 8 <sup>TH</sup> , 2015
RETURN ENVELOPE FOR CERTIFIED COPY FOR THE DUPLICATED DOCUMENT'S	1 ENVELOPE; 5 PGS	JULY 8 <sup>TH</sup> , 2015

As always, if there are any questions or concerns, please do not hesitate to contact me.

Respectfully,



Kaylie Komray  
LEGAL ASSISTANT

KSK@KOMRAYLAW.COM

ENC: As Stated.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SEF Investments, 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 R. Komray, Esq.

\_\_\_\_\_  
Name of Person

Attorney at Law

\_\_\_\_\_  
Firm/Company

1882 N. Tamiami Trail, #3434

\_\_\_\_\_  
Address

Fort Myers, Florida 33918

\_\_\_\_\_  
City/State and Zip Code

mrk@komraylaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark R. Komray, Esq.

239

244-2245

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

SEF Investments, 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:**

15401 Alico Road

Ft. Myers, FL 33913

**Mailing Address:**

1882 N. Tamiami Trail, #3434

Fort Myers, FL 33918

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 R. Komray, Esq.

Name

15465 Pine Ridge Road

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

Ft. Myers

FL

33908

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR & MGR

**Name and Address:**

Timothy G. Youngquist

15401 Alico Road

Ft. Myers, FL 33913

AMBR & MGR

Harvey B. Youngquist

15401 Alico Road

Ft. Myers, FL 33913

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(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Timothy G. Youngquist

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)**