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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE WALLARIASSEE, FLORIDA

JUL 2 2 2015

COVER LETTER

	Registration Section Division of Corporations	, · ·
SUBJEC"	SEA 2 TANK, LLC.	
SOBOLE		me of Limited Liability Company
The enclo	sed Articles of Organization and	fee(s) are submitted for filing.
Please ret	urn all correspondence concernir	ng this matter to the following:
	Jeff Snow	
		Name of Person
	SEA 2 TANK, LLC.	
		Firm/Company
	781 SW 2nd Street	
		Address
	Boca Raton, FL 33486	
	21-0	City/State and Zip Code
	sea2tank@gmail.com E-mail address: (to	o be used for future annual report notification)
For further	information concerning this matt	
	Jeff Snow	561 843-6661
	Name of Person	at () Area Code Daytime Telephone Number
Enclosed i	is a check for the following amo	unt:
\$125.00 F	_	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section Division of Corporation	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLOR	ility Company, "L.L.C.," or "LLC.")
ARTICLE I - Name:	0/5.11
The name of the Limited Liability Company is:	555
	ALCOET AM
SEA 2 TANK, LLC.	ANARYOR
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
781 SW 2nd Street	PO Box 272503
Boca Raton, FL 33486	Boca Raton, FL 33427
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent Left Snow	stered Agent. You must designate an individual or
Jeff Snow	
Nan Nan	ne

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

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

781 SW 2nd Street

Boca Raton

City State 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

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address: er
AMBR	Cindy Snow
	781 SW 2nd Street
	Boca Raton, FL 33486
MGR	Jeff Snow
	781 SW 2nd Street
	Boca Raton, FL 33486
ective date is listed, the date n	an the date of filing: July 1, 2015 (OPTIONAL) nust be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other the ective date is listed, the date n of filing.)	nust be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other the dective date is listed, the date is of filing.) If the date inserted in this block ment's effective date on the December 2.	nust be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other the dective date is listed, the date in of filing.) If the date inserted in this block ment's effective date on the Do. EVI: Other provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not epartment of State's records. Jeff Snow
EV: Effective date, if other the dective date is listed, the date in of filing.) The date inserted in this block ment's effective date on the Deck EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documer I am aware the	does not meet the applicable statutory filing requirements, this date will not expartment of State's records.
E V: Effective date, if other the dective date is listed, the date in of filing.) The date inserted in this block ment's effective date on the Deck E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documer I am aware the	does not meet the applicable statutory filing requirements, this date will not epartment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other the dective date is listed, the date in of filing.) The date inserted in this block ment's effective date on the Double VI: Other provisions, if any. REQUIRED SIGNATURE: Signature I am aware the constitutes a time.	does not meet the applicable statutory filing requirements, this date will not epartment of State's records. Snow- re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.

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