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(Re	questor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT: Seemala Enterprises

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:

Groyjai Seemala

Name of Person

Seemala Enterprises

Firm/Company

Fort Pierce, FL 34949
City/State and Zip Code

groyjai @ seemala.com

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

For further information concerning this matter, please call:

Groyjaj Seemala at 772

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

Certified Copy

\$155.00 Filing Fee &

(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

The name of the Limited Liability Company is:	
Seemala Enterprises LLC	
(Must end with the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
mercon or AlA	1 1 1

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.)

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

The name and the Florida street address of the registered agent are:

**ARTICLE I - Name:** 

Groyjai Seemala
Name

1751 Seaway Drive Apt. A

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

Fort Pierce, FL 34949

City State Zip

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

(CONTINUED)

Leogyan Seemala Registered Agent's Signature (REQUIRED)

Page I of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR	Groyjai Seemala
	1751 seaway Drive Apt: A
	Fort Pierce 1, FL 34949
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	-, I is a second of the second
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	of filing: January 15th 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
filing.) ne date inserted in this block does not rent's effective date on the Department	nect the applicable statutory filing requirements, this date will not
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Page 2 of 2